-WRITE

V. S. No. 1 å ż

1. PLACE OF DEATH	183
County U. C.	Registration Dist. No.
	No. St., War death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	
2. FULL NAME Charles, J. abbai	le
(a) Residence: No. 1295 Williams (Usual place of obode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 1 4. COLOR OR RACE 1 S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Leave C	21. DATE OF DEATH (Month) (Day) (Year)
a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased fro
DATE OF BIRTH (month, day, and year) Felly 10th 1917	, 19 , to , 19
AGE Years Months Days II LESS than	to have occurred on the date stated above, atm.
15 5 6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
Trade, profession, or particular	were as follows:
kind of work done as CDINNED	Accordingly Drounded
9. Industry or business in which	of the state of th
SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date daceased last worked at this occuration (month and specific programs in this occuration).	
Spant in this	
yaar) occupation	Other Coutributory Causes of importance:
2. BIRTHPLACE (city or town)	
13. NAME Yelwlag 9. abbute	
14. BIRTHPLACE (city or town) Tally	Nama af operation
(State of country)	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Barbasa Schaeffer	23. If death was due to external causes (VIOLENCE) filf in also the following:
16. BIRTHPLACE (city or town) Survey (State or country)	Accident, suicide, or homicide? Date of interv
(State or country)	Where did injury occur? Black Show A H la (Specify city or town, county and State)
7. INFORMANT Chargeline ubbate (Address) 12 85 Williams St Ballo Mp	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
B. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Placa Ballo. 149. Date July 11,132	Nature of injury
MADERIANCE Selection Medical Parties	24. Was disease or injury in any way related to occupation of deceased?
Address Our habit	If so, specify
0 FILEDUL 17 1932 from 6. In a my	(Signed from IVI Hollson Allow M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Chronic interstitiul nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUNEAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	1/9
County C C	Registration Dist. No.
	No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) os. ds. How long in U.S. If of foreign birth?
Ol' Ouds	
2. FULL NAME (Hom Underso	No
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX A. COLOR OR RACE OR DIVORCED (gerite the word) OR DIVORCED (serite the word)	21. DATE OF DEATH (Month) (Day) (Yoar)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	1 HEREBY CERTIFY. That attended deceased from
6. DATE OF BIRTH (month, day, and year) Feb. 20 1932	I last sawh alive on
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
1452 7 1 ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows: Date of onset
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	Sustro cutritis /who.
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	Sugar Curació
10. Date deceased last worked at this occupation (month and spant in this occupation cocupation occupation occupation	_
12. BIRTHPLACE (city or town) Browns Wood, (State or country) 9-9-60 1110	Other Coutributory Causes of Importance:
13. NAME Carllon anderson	
13. NAME (artion Cinderson 14. BIRTHPLACE (city or town). Browns woods (State or country) Q Q CO NIC.	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mary Williams	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Mary Williams 16. BIRTHPLACE (city or town) annafiolis / Eck	Accident, suicide, or homicide? Date of Injury, 19
(State or country) 'a a co find	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Brown woods II	4
18. BURIAL, CREMATION, OR REMOVAL Combate 7, 8, 193	Manner of injury
19. UNDERTAKER & HB Parker (Address) 47 Washington SI	24. Was disease or Injury In any way related to occupation of deceased?
20. FILED 12, 1932 2 7 2 7 6 C - FRegstrat.	Address) Can Had
If more blanks are needed, address State Registr	at. 2411 N. Charles Street. Baltimore. Requesting 9). S. No. 1. NY 0 21 69

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH	7389
1. PLACE OF DEATH	46)	,
County ac	Registration Dist. No. 2	ار
Village or City Mullusonice had	CNo	Ward
Length of residence in city or town where death occurredyrsmo	If death occurred in a horpital or institution, give its NAME instead of street and s	
2. FULL NAME (undraw andre	om	
(a) Residence: No. Mutavouter	— St Ward.	
(Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
male White 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word)	21. DATE OF DEATH (Mogrh) (Day)	Z_193(Year)
5a. If married, widowed ar divorced HUSBAND of (or) WIFE of Many Quiderson	22. I HEREBY CERTIFY, That I attended 19.91 to July 6	decaased from
6. DATE OF BIRTH (month, day, and year man 6 - 1866	- 0 6 -	death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at	
66 4 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, Coeman		
kind of work done, as SPINNER, Coesney SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which work was done, as SILK MILL. SAW MILL, BANK, etc 10. Dato deceased last worked at this occupation (month and	Carcinona	James
work was dona, as SILK MILL, Turnshie	- unma	of
10. Dato deceased last worked at this occupation (month and spent in this	7	1931
year)occupation	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) Lewwark	mach	
(State or country)		
13. NAME 14. BIRTHPLACE (city or town)	Q-	
14. BIRTHPLACE (city or town)	Name of operation	autopsy?
E 15. MAIDEN NAME Unknown	23. If death was due to external causes (VIOL ENCE) fill in also the followin	
15. MAIDEN NAME UNBURY 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury	
∑ (Stata or country)	Whera did injury occur?	
17. INFORMANT Many Andersons (Address) Wietlesonce Ind	(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	
18. BURIAL, GREMATION, OR REMOVAL)	Manner of injury	
Preservery lives Brads Date feely 8 19 32	Nature of Injury	
19. UNDERTAKER R. J. Williams of on	24. Was disease or injury In any way related to occupation of deceased?	720
(Address) Waterbry myd	If so, specify	7
20. FILED 8 32 , 19	(Signed) form filling and	М. D.
Registrar.	(Address)	

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Example I	1	Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis 6861 9 5110	3 days ago	
	,	RECEIVED		
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
	,			

ADDITIONAL SPA	CE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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-WRITE

V. S. No. 1

STATE OF MARYLAND-CERTIFICATE OF DEATH 07390

County Chr	me aru	ndel	Registration Dist. No. Z/.
Village or City	\mathcal{R}_{i}	ock Creek Bl	vane. St., Wa
Length of residence	in city or town where a	- X	If death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. If of foreign birth?
	(/-	& Boxt	
2. FULL NAME	D	C. Bauen	1
(a) Residence	k. Dar	(Usual place of abode)	L St, Ward. If nonresident give city or town and State.
PERSONAL	AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4.0	COLOR OR RACE	5. SINGLE, MARRIED, WIDOWEO, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oay) (Year)
a. If married, widowed, or	r divorced		
HUSBAND of (or) WIFE of	with L	Barton	22. I HEREBY CERTIFY, That I attended deceased from
	/	31:0151896	1
. OATE OF BIRTH (mont	h, day, end year) Months	Days If LESS than	to have occurred on the date stated above, at $\frac{230P}{}$ m.
36	2	9/ f day,hrs.	
1071		ormin.	were as follows: 1 skule and Date of one
8. Trede, profession, kind of work	done, as SPINNER	of Firemen	Tacket interest in
a Industry or busin	NACEFER, OLC	0'	1 wo 200 ser
9 Industry or busin work wes done SAW MILL, BA	NK, etc.	Terrera Beach	1
s Industry or busin work wes donn SAW MILL, BA	st worked at	11. Total time (years)	4-1
year)		occupation	
12. BIRTHPLACE (city or t	rown) The	.01	Other Contributary Causes of importance:
(State or country)	mar	yland	
f 3. NAME	ellam ?	1 Barton	
f3. NAME 14. BIRTHPLACE (city	or town)	0 - 1	Neme of operation Date of
(State or coun	try)	rytand	What test confirmed diagnosis? And - hus of Was there an au'opsy?
15. MAIDEN NAME	Hanna	19 hompson	23. If death was due to exterpel causes (VIOLENCE) fill In also the following:
15. MAIOEN NAME		aryland	Accident, suicide, or homicide? Accidentation injury 11, 19
(State or coun	(try)	.00 +	Where did injury occur? (Specify city or town, county and State)
/	17 with	L Bertin	Specify whether Injury occurred in INDUSTRY in HOME, or in PUBLIC PLACE.
7. INFORMANE	ar Harl		
			Manner of Injury Fire legale uport
(Address)		Date July 14 , 1937	Manner of injury facing a fag
(Address) 18. BURIAL, CREMATION, Place		Date Suly 14 , 1933	Nature of injury of acres on tap
(Address) 18. BURIAL, CREMATION,		Date July 14, 1933	Nature of injury faculty to face 24. Was disease or injury in any way related to occupation of deceesed?
(Address) F. 18. BURIAL, CREMATION, Place Touch 19. UNOERTAKER June		Date Suly 14, 1933	Nature of injury of acrony on tap

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Chronic interstitial nephritis	1931	Kan over by street car	1 week ago
Cerebral hemorrhage	July 5 Mg	Peritonitis 93	3 days ago
		THE TO THE	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1933	Garcoenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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classified may that d be carefully DEATH in plai OZ CAU shoul Item Every Item CIANS sho statement

of

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MARGIN RESERVED

	1PLACE-OF DEATH County Current Co.
	llage or City Asserva Gark (No.
H	2 FULL NAME Louis alleu B
_	PERSONAL AND STATISTICAL PARTICULARS
3 9	A COLOR OR RACE 5 SINGLE, MARRIED, METRICAL OR DIVORCED (Write the word)
6 1	Jan 24 1866
	(Month) (Day) (Year)
A.C	If LESS than I day hrs. or min.?
1	a) Trade, profession or Whenceles articular kind of work b) General nature of industry usiness, or establishment in which employed or (employer)
9 8	(State or country) Mud,
	10 NAME OF Ebenezes Bennell
NTS	11 BIRTHPLACE OF FATHER (State or country) Med
PARE	12 MAIDEN NAME Sallie Laylor
	13 BIRTHPLACE OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country)
4	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in Ward) a hospital or institution, give its NAME is number.) MEDICAL CERTIFICATE OF DEATH (Month) (Day)

6 DATE OF DEATH nd that death occurred on the date stated above he CAUSE OF DEATH . Secondary Causing Death, or, in the Discase Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal, LENGTH OF RESIDENCE (For Hospitels, Institutions, Transients or Recent Residents) plece In the death. State.....yrs.....mos.. here was disease contracted, not at place of death?.... rmer or usual residence DATE OF BURIAL

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

No. vi

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Physician. Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business. that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed. as Al school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Colton mill; (a) Salesman, nature of the husiness or industry, and therefore an "," etc., without more precise specification as Day borer, Farm laborer, Laborer—Coal mine, etc. Wom-Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs. For persons who have no occupation (b) Grocery;

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Dishtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lohar pneumonia, Bronchopneumonia ("Pneumonia,"

> stated unless important. Example: Measles (disease "Inanition, atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," use of "Tumor" for malignant neoplasms); tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of tho injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPENAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify ali "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping cough; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature as fracture of skull, and consequences (c. g., sepsis, Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJURY American Medical Association.) Recommendations on statement of cause of peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, " " Marasmus, Chronic " "Old Age, " "Shock," etc. valvular heart disease; The contributory Measles; death

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND-CERTIFICATE OF DEATH

Y. PHYSICIANS should state Exact statement of OCCUPA-UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforstated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. mation should be carefully supplied. AGE should be -WRITE PLAINLY, WITH

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH	CERTIFICATE OF DEATH
	IGINAL Registration Dist. No. 21
Village or City Beechwood Forest	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) I ds. How long in U.S. if of foreign birth? 40 yrs. mos. ds.
2. FULL NAME Gabriel Beuttner	
(a) Residence: No. 358 De Kalb ave. (Usual place of abode)	St., Ward. Brooklyn, N. Y. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
a. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married	July Ist (Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary A. Beuttner	22. I HEREBY CERTIFY, That I attended deceesed from
6. DATE OF BIRTH (month, dey, end year) 7. AGE Years Months OT 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. restautant propriet Note that the profession of particular will be proposed to the proper of	I last saw h alive on, 19; death is said to have occurred on the dato stated above, at 8 • 30p_m. The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
9 Industry or business in which work was done, as SILK MILL (retired) 5 AW MILL, BANK, etc	Other Contributory Causes of Importance;
(State or country) Germany	
监 13. NAME unknown	
13. NAME unknown 14. BIRTHPLACE (city or town) (State or country) Germany	Name of operation Dete of Dete of Dete of
15. MAIDEN NAME UNKNOWN 16. BIRTHPLACE (city or town) Germany (State or country)	23. If deeth was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide? Date of injury, 19 Where did Injury occur?
17. INFORMANT Mrs. Lilian Jane Hughes (Address) 358 De Kalb ave. Brooklyn, N. Burial, CREMATION, OR REMOVAL Ptece Brooklyn. N. Y. Date July 5, 132	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Y Manner of injury Nature of injury
19. UNDERTAKER (Address)	24. Wes disease or Injury In any way related to occupation of deceased? NO If so, specify
20. FILED 7-1, 1002 Z. a. Blu- Registrar.	(Address) Pasadena, Md.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete; an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, eotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merehants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of eause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
100 00 R			
Other contributory causes of importance:	3	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEA	TH / _	(20)
County 4	5041	Registration Dist No. 27
Village or City	un of to	No. Emeligence Ass. St, War (If death occurred in a hospital or institution give its NAME instead of street and number)
Length of residence in ci	ity or town where death occurred	rrs,mos. ds. How long In U. S. If of foreign birth?yrsmosd
2. FULL NAME	mitcheliule (Usual place of ab	(On, St., Ward. If nonresident give city or town and State
RERSONAL AN	D STATISTICAL PARTICU	LARS MEDICAL CERTIFICATE OF DEATH
Am, C	R OR RACE 5. SINGLE, MARRIED OR DIVORCED (120)	
5a. If married, widowed, or divo HUSBAND of (or) WIFE of	arced C	22. HEREBY CERTIF That fattended deceased fro
6. DATE OF BIRTH (month, da		1921 Has law har alive on July 1952; death is sa
7. AGE Years	1 10	If LESS 4han to twe occurred on the date stated allowe, let 173 142 m. The PRINCIPAL CAUSE OF DEATE and related causes of Importance were as follows:
8. Trade, profession, or profession,	articular as SPINNER, Schools	al O huyo endue Junifing Jan
kind of work done, SAWYER, BOOKKEE 9. Industry or business ir work was done, as SAW MILL, BANK, of this occupation (mo. this occupation	which	\(\begin{align*}
10. Date deceased last wor this occupation (mo year)	ked at 11. Total time (this
12. BIRTHPLACE (city or town) (State or country)	Prince Glo. Co.	Md. Other Contributory Causes of importance:
2 13. NAME (9)	had Bras	
14. BIRTHPLACE (city or to (State or country)	wn) fres	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME	tatty Bren	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or to (State or country)	wn) med;	Accident, suiside, or homicide?
17. INFORMANT (Address)	fulal Oleca	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR R	EMOVAL Date July	Manner of injury Nature of Injury
19. UNDERTAKER 13.	Johns 1	24. Was disease or Injury In any way related to occupation of deceased?
20. FILEDUS 16	1932/10-140. 907	(Signed) albath ludura M. Registrar. (Address) Lucuroths Wod

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 yeor

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stated EXACTLY. properly classified.

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TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

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STATE OF MARYLAND	CERTIFICATE OF DEATH 07394
1. PLACE OF DEATH	
County Q. Q. Correly	Registration Dist. No.
Village or City Bud Tille	CLNg St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 72 yrs. 5 mos.	
2. FULL NAME John 7 Bird	J130
1.10	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Nale 4. COLOR, OR RACE 5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (20rtice the word)	21. DATE OF DEATH Lang 2 2
5a. If married, widowed or divorced HUSBAND of Cor) WHEE of	22. I HEREBY CERTIFY. That I atlended deceased from
6. DATE OF BIRTH (month, day, end year) 7eb. 14, 1860	last saw h elive on hely 10 193 v, to the 19
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1220A m
72 ters 5- 8 1 dey, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Date of onset
kind of work done, as SPINNER, Tarmes	Sudden Cardiae July 12 32
M. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	delutilion ()
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 11. Total time (yeers) for this occupation (month) and this occupation.	
12. BIRTHPLACE (city or town) Birdsrelle Nd.	Other Cuutributory Causes of importance:
13. NAME Lennel Bird	
13. NAME Levine Bird 14. BIRTHPLACE (city or town) - Mary Land	Name ef operation
(State of County)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mary a, Colageto 16. BIRTHPLACE (city or town) Mary and Colored Color	23. If death wes due to external causes (VIOLENCE) fill in also the following:
(State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Lillian 6. Birdy (Address) Edwarder M. A.	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Davidson Bate July 23, 1932	Nature of injury
19. UNOERTAKER Jan. J. Cox. (Address) Edge worter mc	24. Was disease or injury in any way related to occupation of deceased?
20. FILED cely 39632. Carrie Links	(Signed) Metherman and M.D.

If more blanks are freeded, addres State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related cause of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis LEAU V	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis BURE	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance: .	
Gallstones	May 1,1923	Gastroenteritis	1 year

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CAUSE OF DEATH in plain terms, so that it may

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See instructions on back of certificate.

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STATE OF MARYLAND	CERTIFICATE OF DEATH 07395
1. PLACE OF DEATH	(83)
County Clime armed	Registration Dist. No.
Village or City Story Creek	
	ND
	ds. How long in U.S. if of foreign blrth?yrsmosds.
2. FULL NAME Marria B.	awan ,
10211 4-	was Wand Baltmane. Med.
(a) Residence: No. 1994 (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH?
female while OR DIVORCED (write the word)	July 28= 193 2/
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
	, 19, to
6. DATE OF BIRTH (month, day, and year) May 1926	I last saw h alive on, 19; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at \2 = \Q:m.
6 2 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade profession or particular	were as follows:
kind of work-done, as SPINNER, SAWYER, BDOKKEEPER, etc.	accidental divioning
9. Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and spent in this	
year) occupation	Dther Coutributory Causes of importance:
12. BIRTHPLACE (city or town) famusvilla	Diller Courtibatory Causes of Importance:
(State or country) , H.C.	
13. NAME / lessis). Bowan	
14, BIRTHOLACE (city or town) Januarilla	Neme of operation
(State or country)	
15. MAIDEN NAME amoballa Gailey	What test confirmed diagnosis?
The state of the s	23. if death was due to external causes (VIOLENCE) fill in also the following:
2 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
(State of Country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 454 Grandle Care	
Piace Januaronies 12. 7-29,32	Manner of Injury
Date J., 15	Nature of injury
19. UNDERTAKER Schward G. Tick	24. Was disease or injury in any way related to occupation of deceased?
(Address)	If so, specify
20, FILED 7-28, 1932 Z. a. Bleion	(Signed) M. D.
Registrar.	(Address) Jasudana, Mad

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis Chamic interestitial perpetition	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAM			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			The second

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

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STATE OF MADVI AND CEDTIFICATE OF DEATH

1. PLACE OF DEATH	MARTLAND-	CERTIFICATE OF BEATH	96
County Anne Arundel		Registration Dist. No. 27	
Village or City Annapolis	(1)	No. St., f death occurred in a hospital or institution, give its NAME instead of street and num c. ds. How long in U.S. if of foreign birth?	
2. FULL NAME Martha E	ranford		
(a) Residence: No. 76 Cath	(Usual place of abode)	St., 3rd Ward. If nonresident give city or town and Sta	ite
PELSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED	21. DATE OF DEATH July 2-3 , 19	(Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Richard Bran	ford	22. July 15 1982 to July 23	eesed from
6. DATE OF BIRTH (month, dey, end year) Sen	t. 1. 1880.	Mast sew h. er alive on fully 22 , 19 12 ; d	
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, et 10,30 am.	
. 52 10	22 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importence were as follows:	ate of onset
8. Trade, profession, or particular kind of work done, as SPINNER, HOU SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	sewife	Sut acut My o carditis	Ofoce
SAW MILL, BANK, etc	11. Totat time (years) spent in this occupation	Other Could be Countried to Cou	
12. BIRTHPLACE (city or town) Anne Aru (State or country)	ndel County Maryland	Other Contributory Causes of Importance:	Seve
# 13. NAME Stephen Queen			m
(State or country)	rundel Co.	Name of operation Date of What test confirmed diagnosis? Was there an auto	psy?
15. MAIDEN NAME Barbra Que		23. If death was due to external causes (VIOLENCE) fill in also the following:	
If a BIRTHPLACE (city or town) Anne A	rundel Co.	Accident, suicide, or homicide? Date of injury Where did injury occur?	_, 19
17. INFORMANT Stephen Queen (Address) Annapolis, N	d.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE	
18. BURIAL, CREMATION, OR REMOVAL Plece St. Mary's	ete July 26 , 1932	Manner of injury	
19. UNDERTAKER John M. Taylo (Address) Annapolis,	Md.	24. Wes disease or injury in any way related to occupation of deceesed? If so, specify (Signed)	M D

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be roturned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	- 1 7
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis MIC 6	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. B.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

STATE	OF	MARYI	AND-	CERTIE	FICATE	OF	DEATH
SIAIL	OI	MUVICIE	AIND	CLIVIII	ICHIL		DEATH

1. PLACE O			TLAND-		07397
County	Anne Arunde	1		Registration Dist. No	21
Village pr	Con a sum and		te Hospi	tal _{No.}	St Ward
	sidence in city or town where	death occurred	1 yrs 9 mos	f death occurred in a hospital or institution, give its NAME instead of the control of the contr	of street and number)
2. FULL NA	ME Cla	ara Brig			
(a) Resider	Do.		City, Ma	rylsend Ward.	
(a) Nesidei	ice. No.	(Usual place		If nonresident give city	or town and State
PERSON	NAL AND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF D	EATH
3. SEX female	4. COLOR OR RACE		RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH July 19th (Month) (Da)) 193 2 y) (Year)
5a. If married, widow	wed, or divorced				
(or) WIFE of	Mack Bri	ggs		22. I HEREBY CERTIFY, That Sept. 29th 19 30 to July	l attended deceased from
		1882		last saw h. Cr. alive on July 19th	
	(month, day, and year) ars Months	Days	If LESS then	to have occurred on the date stated above, at 2 P. m.	, 199494, death is sai
		nkno wn	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Impo	ortence
9 Trade profe	ession, or particular		ormin.	were as follows: Epilepsy	Date of onse
kind of	work done, as SPINNER, R, BDDKKEEPER, etc	None		прикород	
NO SAWYER 9. Industry or work we SAW MI 10. Date decease this occur	business in which es done, as SILK MILL, LL, BANK, etc			· · · · · · · · · · · · · · · · · · ·	
S SAW MI	LL, BANK, etc.			•	
- 6 60000	sed last worked at upation (month and	Sp6	time (years) ent in this		
1 yeer)			upation	Other Coutributory Casses of importance:	
12. BIRTHPLACE (c (State or cou		North Ca	rolina	Syphilis	3
7					
Ξ	Jnknown T	Jnknown			
4 14. BIRTHPLAC	E (city or town)	DITECTIONI		Name of operation	Date of
1	Inknow	1			as there an autopsy?
I	TT.	nkno wn		23. If death was due to external causes (VIDLENCE) fill in also	
O 16. BIRTHPLAC Stete o	E (city or town)	INITO NAI		Accident, suicide, or homicide?	Jury, 13
		lecords		(Specify city or town, cor Specify whether injury occurred in INDUSTRY, in HOME, or in	unty and State)
17. INFORMANT (Address)	Crownsvil	Le. Marv	land	Specify whether injury occurred in TROUSTRY, III HOME, 97 IN	PUBLIC PLACE,
18. BURIAL, CREMA	TIDN, DR REMOVAL	7/	- 7-	Manner of injury	-
Place Del	al linela,	7 Date	195	Nature of injury	~
19. UNDERTAKER	mar. Ou	lerode	derfl	24. Was disease or injury in any way related to occupation of d	eceased?
(Address)	your	esperle	eq.	If so, specify	1
20, FILED /22	3210	de la	Fore	(Signed)	ENden
ZU, FILED	, 19		Registrar.	(Address) Crownsyille	10000 1
	If more	blanks are needed,	addres State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	Tyland

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Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and relat of importance were as follows:	ed causes Date of enset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		May May	2324
Other contributory causes of importance:		Other contributory causes of important	ce:
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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MARGIN RES	, WITH UNFADING IN
	WITH
	-WRITE PLAINLY,
fo. 1	-WRITE

	E OF MARYLAND—	CERTIFICATE	OF DEA	TH	17338
1. PLACE OF DEATH	4		Registration	Diet No. 2	
CountyVillage or City	Noeman 7	Honor bullan	Registration	St.	Wai
	2	death occurred in a hospital or inst		instead of street ar	nd number)
Length of resident in city or town	where daeth occurredyrsmo	ds. How long in U.S. i	f of foreign birth?	yrs	_mos
2. FULL NAME	naries	man .			
(a) Residence: No.	(Usual place of abode)	YIST, Ward.	If nonresident	give city or town	and State
PERSONAL AND STA	TISTICAL PARTICULARS	MEDICAL	CERTIFICATE	OF DEATH	
3. SEX 4. COLOR OR RA	CE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	(Month)	28 (Day)	, 193 (Year)
5a. If marriad, widowad, or divorcad HUSBAND of (or) WIFE of		22. IHEREB	YCERTIF	Yn That I attend	ad daceesad f
(or) with the		July 25,	, 1932, to	July 2	7, 193.
6. DATE OF BIRTH (month, day, and yaar		last saw/h_lef alive on	July 37	, 193	2 ; death Is
7. AGE Years Mo	Days If LESS than 1 day, his.	to have occurred on the date st	, ,	PC(m.! es of importance	
8. Trade, profassion, or particular	6 24 ormin.	wera as follows:	leio Turer	1	Date of or
kind of work done, es SPINN SAWYER, BOOKKEEPER, atc	IER, & armes	Jo carre	1		19193
. Industry or business in which work was done, as SILK MILI					
kind of work done, es SPINN SAWYER, BOOKKEEPER, atc Industry or business in which work was done, as SILK MILL SAW MILL, BANK, atc To Date decassed last worked at	11. Total time (yaars)				
this occupation (month and yaar)	spent in this occupetion				
12. BIRTHPLACE (city or town) (State or count(y)	A Tind	Other Contributory Causes of in	Pertale)	heart	guz
13. NAME	m Brown				
13. NAME 14. BIRTHPLACE (city or town) (State or country)		Name of oparation	June	Dete o	1
(State of country)		What tast confirmed diagnosis?		Was there	an autopsy?
15. MAIDEN NAME	• •	23. If death was due to external			
16. BIRTHPLACE (city er town) (State or country)		Accidant, suicida, or homicida?.		Date of Injury	, 19
17. INFORMANT / A for (Address)	Tal Records	Specify whether Injury occurred	(Specify city or I in INDUSTRY, In HO	town, county and i ME, or in PUBLIC	State) PLACE.
18. BURIAL, CREMATION, OR REMOVAL	0 0 1 28 2	Manner of injury			
Place Tutta	Date 119 2 1, 1932	Natura of injury			
19. UNDERTAKER (Address)	maples	24. Was disease or injury in any	way ralated to occup	ation of dacaased?	ho
20. FILED 2 7 , 19 3 2	fragh C. fragistrar.	(Address)	Muento	wran hed	

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	Example I		Example II	
The principal cause of of importance were as	f death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	AUG: 6 3892	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephr		1921	Run over by street car	1 week ago
Cerebral hemorrhage	RUBLAT	July 5,1927	Peritonitis	3 days ago
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

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No.	
Z	
wi	
>	

Name State or country	.mos
Langth of residence In city of town where daeth occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs	mosnd State
(a) Residence: No. Jackson (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (verite) has word) Se. If married, widowed, or divorced HUSBAND of (Or) Wife of (Or) W	, 193_2
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED ("write this word) Finantial, widowed, or divorced HUSBAND of (or) WIFE	, 193_2
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (write tha word) OR DIVORCED (write tha word) OR DIVORCED (write tha word) 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word) (Month) (Dey) 2. DATE OF DEATH (Month) (Dey) 3. THE REBY CERTIFS. That I stiend (Month) (Dey) 4. 193.2. to 193.2. to 193.2. to 193.2. to 194. Set sew h. alive on. 193.2. to 194. Set sew h. alive on. 195. That PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows: 1. That PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows: 1. Date decaased lest worked at this occupation (month and set of spent in this occupation (month and set of spent in this occupation) 1. SIRTHPLACE (city or town) (State or country) 1. SIRTHPLACE (city or town) (State or country) 1. SIRTHPLACE (city or town) (State or country) 1. Malden Name 2. Malden Name 3. If deeth was due to externel causes (VIOLENCE) fill in also tha follow (State or country) 2. Malden Name 3. If deeth was due to externel causes (VIOLENCE) fill in also tha follow (State or country) 3. If deeth was due to externel causes (VIOLENCE) fill in also tha follow (State or country) 3. If deeth was due to externel causes (VIOLENCE) fill in also tha follow (State or country) 4. Country (State or country) 4. State or country) 4. Country (State or country) 4. Dete of injury.	, 193_2
3. SEX 4. COLOR OR RACE OR DIVORCED (write tha word) 5e. If married, widowed, or divorced HUSBAND of (Or) WIFE of (Or) WI	, 193_2
Se. If married, widowed, or divorced HUSBAND of (or) WIFE	
Se. If married, widowed, or divorced HUSBAND of (or) Wife	(Yei
6. DATE OF BIRTH (month, dey, and yeer) 7. AGE Yeers Months Days If LESS than If dey, hrs. or min. 8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date decased lest workad at this occupation (month and year) 11. Total time (Wers) spent in this occupation (Stata or country) The PRINCIPAL CAUSE OF DEATH and related causes of importence were es follows: 11. Total time (Wers) spent in this occupation. Dither Coatributory Causes of importance: 12. BIRTHPLACE (city or town) Carlos Carlos Causes of importance: 13. NAME May 14. BIRTHPLACE (city or town) Carlos Carlos Causes of importance: 14. BIRTHPLACE (city or town) Carlos Carlos Causes of importance: 15. MAIDEN NAME 16. BIRTHPLACE (city or town) Carlos Carlos Carlos Causes Of importance: 16. BIRTHPLACE (city or town) Carlos Carlos Carlos Carlos Causes Cytolence fill in also tha follow Accident, suicide, or homicide? 27. If deeth was due to externel causes (VIOLENCE) fill in also tha follow Accident, suicide, or homicide? Where did injury occur?	(,,,
7. AGE Yeers Months Days If LESS than f dey, hrs. or min. 8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BODKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date decased lest worked at this occupation (month and year) 11. BIRTHPLACE (city or town) Coupetion 12. BIRTHPLACE (city or town) Coupetion 13. NAME BIRTHPLACE (city or town) Coupetion 14. BIRTHPLACE (city or town) Coupetion 15. MAIDEN NAME BIRTHPLACE (city or town) Coupetion 16. BIRTHPLACE (city or town) Coupetion 17. AGE Yeers Months Days If LESS than f dey, hrs. or min. 18. Trade, profession, or perticular fedges. hrs. or min. 18. The PRINCIPAL CAUSE OF DEATH end related causes of importence were es follows: 19. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date decased lest worked at this occupation (month and year) 11. Total time (yeers) spant in this occupation Deter Contributory Causes of importance: 12. BIRTHPLACE (city or town) Coupetion Date of operation. 13. NAME BIRTHPLACE (city or town) Coupetion Date of operation. 14. BIRTHPLACE (city or town) Coupetion Date of operation. 15. MAIDEN NAME BIRTHPLACE (city or town) Coupetion Date of injury. 16. BIRTHPLACE (city or town) Coupetion Date of injury. 17. Total time (yeers) Sant in this occupation on the deta steted above, at the profession of the profession of the deta steted above, at the profession of the professio	d deceesad
7. AGE Yeers Months Days If LESS than f dey. hrs. or min. 8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BODKKEPER, etc. 9. Industry or business in which work was done as SILK Mill., SAW MILL, BANK, etc. 10. Date decased lest worked at this occupation (month and year) 12. BIRTHPLACE (city or town) Caracter of the deta steted above, at O min. 13. NAME	, f-9.
3 f dey, hrs. or min. 3 f dey, hrs. or min. 3 f dey, hrs. or min. 5 f dey, hrs. or min. or min. 5 f dey, hrs. or min. or min. 5 f dey, hrs. or min. or	; death
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, as SILK Mill, SAW Mill, BANK, etc. 10. Date decased lest worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (Stata or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stata or country) 17. Maiden NAME 18. Trade, profession, or perticular winds of the same set of the same	
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date decased lest worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (Stata or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stata or country) 17. Maiden Name 18. Maiden Name 19. Neme of oparetion What test confirmed diegnosis? Was thera at 23. If deeth was due to externel causas (VIOLENCE) fill in also tha follow Accident, suicide, or homicide? 18. Where add injury occur?	Date
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date decased lest worked at this occupation (month and year) 11. Total time (years) 12. BIRTHPLACE (city or town) 2 2 2 2 2 2 2 2 2	
11. Total time (yeers) spent in this occupation (month and year) 12. BIRTHPLACE (city or town) (Stata or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stata or country) 17. May (Stata or country) 18. MAIDEN NAME 19. Maiden NAME 11. Total time (yeers) spent in this occupation Occupation Date of oparetion What test confirmed diegnosis? Was thera a 23. If deeth was due to externel causas (VIOLENCE) fill in also tha follow Accident, suicide, or homicide? Dete of injury Whera did injury occur?	
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12. BIRTHPLACE (city or town) (Stata or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stata or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stata or country) What test confirmed diagnosis? Was thera as 23. If deeth was due to externel causas (VIOLENCE) fill in also tha follow Accident, suicide, or homicide? (Stata or country) Where did injury occur?	
(State or country) Factor	
13. NAME Tork Blooms Blooms State or country Total State or c	
What test confirmed diegnosis? Was there a 15. MAIDEN NAME Fellows Ital 16. BIRTHPLACE (city or town) Co. Co. Co. (Stata or country) What test confirmed diegnosis? Was there a 23. If deeth was due to externel causas (VIOLENCE) fill in also the follow Accident, suicide, or homicide? Dete of injury. Where add injury occur?	
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15. MAIDEN NAME Fellows Fract 16. BIRTHPLACE (city or town) Co. Co. Co. Accident, suicide, or homicide? Dete of injury. (Stata or country) Whera did injury occur?	
(State of country) Where did injury occur?	
(State of country) Where did injury occur?	
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	tate)
(Address) I gla hard I Ta.	
18. BURIAL, CREMATION, OR REGIOVAL Manner of injury	
Placa	
fg. UNDERTAKER 1512 1512 1512 1512 1512 1512 1512 151	
(Address) 974 hard Fa- If so, specify	
20. FILES 2 , 19 3 2 from C from (Signed) (Address) Careful of the Company of the	

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Example II

The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICI	ICIAN
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STATE OF MARYLAND-CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

County Q Q	20 D.D	Registration-Dict No.	
Village or City annaf	your Ing	No. St., (If death occurred in a Be pital or institution, give its NAME instead of street and number	Ward
Length of residence in city or town wh	ere death occurredyrs,n	os. 6 ds. How long in U.S. if of foreign birth?yrsmos	ds
2. FULL NAME WA	eller Oliver le	narr	
(a) Residence: No Cohesto	field a. a. co.	St., Ward.	
Passanal and serve	(Usual place of abode)	If nonresident give city or town and State	: ::
PERSONAL AND STATI		MEDICAL CERTIFICATE OF DEATH	
an w	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Guly 6 (0ay) (93	(Year)
5d. If married, widowed, or divorced HUSBAND of		22. A I HEREBY CERTIFAY, That I ettended decea	acad fro
(or) WIFE of		(- 4 - 4 - 4 - 1	19.3.2
6. DATE OF BIRTH (month, day, and year)	Nos 11- 1909	1 last sew him elive on Gruly 0 1932; dea	
7. AGE Years Months		to have occurred on the date steted above, at 2.30 Pm.	
29 7	2 50 1 day, hi	were as follows:	te of onse
8. Trede, profession, or particular kind of work done, as SPINNER,	4	(Coute Henriques Oldie) 6/	128/3
SAWYER, BOOKKEEPER, etc.	Farmer	(Crotably staphylococcie)	
Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc			
10. Date deceased last worked et this occupation (month and	11. Total time (years) spent In this		
yeer)	4.27/34 occupetion	Other Contributory Causes of importence;	
12. BIRTHPLACE (city or town)	2.co mod	Mastoidilis	
(State or country)	11.		
13. NAME Harrison	Chenton barr		
14. BIRTHPLACE (city or town)		Name of operation Mastridectory Dete of 7/2	32
(State of country)	tod (o . dies .	Whet test confirmed diegnosis? Operation Wes there en eu ops	sy?_YL
15. MAIOEN NAME Paise	may lancoly	23. If deeth wes due to external ceuses (VIOLENCE) fill In also the following:	
16. BIRTHPLACE (city or town)	2 Co and	Accident, suicide, or homicide? Date of Injury,	, 19
of D. T	c. co yar	(Specify city or town, county and State)	
17. INFORMANT At. Collection (Address) Police Lie	e con	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	2	Manner of injury	
Place Baldwins mand	ord Oate July 8 ,193:	Nature of injury	
	11		
19. UNDERTAKER B 7.74	opelarson.	24. Wes disease or Injury In any wey related to occupation of deceased?	

MARGIN RESERVED FOR BINDING

1 0 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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	Example I		Example II	
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	AUC 6 1432	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	PUPTATI V S	July 5,1927	Peritonitis	3 days ago
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR F	URTHER STATEMENTS BY PHYSICIAN
4 5	
Y.	
The state of the s	

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 07417
1. PLACE OF DEATH	(3)
County anne Oundel	Registration Dist. No.
Village or City Drange	NoSt.,Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Franch Gelfin	
(a) Residence: No. Duy ind	St., Ward.
(Usualplace of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DEVORCED (write the word) Manued	21. DATE OF DEATH July 23 1932 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Crully Graffen	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) /8 >	Hast saw h and alive on July 23 1932 death is said
7. AGE Years Months Deys If LESS than	to heve occurred on the date stated above, at 10 P1-m.
\$ 5.5 - 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. U 10. Date deceased last worked at 11 Total time (years)	Jasho Enterta 4 week
this occupation (month end / 930 spent in this occupation 12. BIRTHPLACE (city or town) and and and (State or country) and	Other Contributory Causes of importance: Acute nephralis 1 week
13. NAME James Usithin	
13. NAME fames Usuffin	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Softice Gescar 16. BIRTHPLACE (city or town) C C C (State or country) Transpland 17. INFORMANT Engly Sufficient (Address)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Piace Moses Cellelery Date July 26, 13 ×	Manner of injury
19. UNDERTAKER Nobert from de p. md.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Shelly It, 1932 M. M. Clayton Registrar.	(Signed) flere dy blance M. D. (Address) letter march kg

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example 1	1	Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis 1 1 1 1 2 2 1 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 1 2 1 1 1 2 1 1 1 2 1 1 1 2 1 1 1 2 1 1 1 2 1	3 days ago
		200 UL DIN	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	Moy 1,1923	Gostroenteritis	1 year

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BX	PHYSICIAN

V. S. No. 1

RMA	XA	class	
IS A PE	stated E	properly	
HIS	pe	pe	
B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMA	mation should be carefully supplied. AGE should be stated EXA	IE OF DEATH in plain terms, so that it may I	NOIN TO THE PARTY OF THE PARTY
BWRI	mation	CAUS	TAC TIME

STATE OF MARYLAND-	CERTIFICATE OF DEATH 07402
1. PLACE OF DEATH	(95.6)
County Anne Arundul	Registration Dist. No.
Village or City Elm hupsy	No. No. No. Ward V. Dry St. A. Ward of death occurred in a horpital of institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmo	
2. FULL NAME LANTONCE	Chenault
(a) Residence: No. Claral (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR ON RACE 5. SINGLE, MARRIED, WIDOWED, ON DIVORCED (write the word)	21. DATE OF DEATH 26 (Month) (Day) 198 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
nave cales and	, 19, to, 19, 19
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days It IESS than	I last saw h; death Is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
Ormin.	were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, AND SAWYER, BOOKKEEPER, etc	41010 raseaux
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Dato deceased last worked et this occupation (month and	Discord
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc	Died suddent white at
- It is occupation (month and) / /2/ Spantin this / A.A.	work in fleld
yeer) occupation w	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Lahmond	
(State or country)	
II 13. NAME Shomas Cherault	/
13. NAME Thomas Chevault 14. BIRTHPLACE (city or town)	Name of operation Date of
(Stete of country)	What test confirmed diagnosis? Wes there en au opsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	23. If death was due to externel ceuses (VIOL ENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of injury, 19
(State or country) Uniferrocur	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT // Vrs. Parry Owens (Address)	Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Thillidelep Um Date Date 1932	Nature of injury
19. UNDERTAKER IN DICKET	24. Was disease or injury in eny way related to occupation of deceased?
(Address) & Balto Engl	If so, specify A
20, FILED July 2 6, 193 3 Homes ann	(Signed) along will worth of M.D. M.D.
20. FILED Party Registrar.	(Ardress) - Jewithicum Helomito
If more blanks are needed, address State Regustrar	2427 N. Charles Street Religion Depuesting 921 S. No. 1.1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BURKATE	July 5,1927	Peritonitis	3 days ago
	• • •		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

el note	under	anney	10/1932	gliren a.
		1		1 mil
1		0		

AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCURA-UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. mation should be carefully supplied. TION is very important. N. B.-WRITE PLAINLY,

MARGIN RESERVED FOR BINDING

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	(3)	7
County C. Co	Registration Dist. No.	3
Village or City Harman	NoSt.,	Ward
	f death occurred in a hospital or institution, give its NAME instead of street and n shds. How long In U.S. if of foreign birth?yrsmo	
1 119 00	Planting in o.o. ii of foreign billing.)us.
2. FULL NAME Narak Cullia Ca		
(a) Residence: No. Maria (Usual place of abode)	St., Ward. If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	7
Hemale White Briton	(Month) (Day)	198 (Year)
5a. If married, widover, or divorced HUSBAND of	1/	(10-17)
(or) WIFE of Saunel O. Clark	22. I HEREBY CERTIFY. That I attended of	leceased from
6. DATE OF BIRTH (month, day, and year Cun 25 18 59	1.0.	: death is said
7. AGE Yeers Months Days If LESS than	to have occurred on the date stated ebove, at 1, 10 am.	, 000011 13 3010
72 10 15 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importanca wera as follows:	
8 Trade profession or particular	Henorshaze in 1th Brass.	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.		
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and		
SAW MILL, BANK, etc	-	
this occupation (month and spant in this occupation		
OAL A	Other Contributory Couses of importance:	34.00.
12. BIRTHPLACE (city or town) (State or country)		-/
I 13. NAME Offiel E. Hands		
13. NAME (Lity of town)	Name of operation 2000. Data of	
(Stata of country)	What test confirmed diagnosis? Sympton Was there an a	utopsy?
15. MAIDEN NAME Darah E. Peach 16. BIRTHPLACE (city or town).	23. If death was dua to extarnal causes (VIOLENCE) fill In also the following	
5 16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide? Date of injury	, 19
(State or country)	Where did injury occur? (Specify city or town, county and State	
17. INFORMANT Kilbert Clark	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
(Address) 18. BURIAL, OREMATION, OR BEMOYAL		
Place triendship Car-Data July 12,193	Manner of injury	
CONTRACTOR OR	Rature of mjury.	744.
19. UNDERTAKER (Address) Address)	24. Was disease or injury in eny way related to occupation of deceased?	140.
1) 0	(Signed) James S. Belleyolog	M.D.
20. Filtersty 10 , 1932 have 17 Levy Gran	(Address) Glen Beerne. and	W. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	i de	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
AUG 5 163			
Other contributory causes of importance: U	S. H.	Other contributory causes of importance:	14 Y 1344
Gallstones	May 1,1923	Gastroenteritis	1 year
	•		
	>		

- f	2	J. Colonia	,	mon Et	4 / /			
					. /	Û	1	
				4				
	311			1,1	in the			

1. PLACE OF DEATH County	Registration Dist. No.
Village or City City of town where death occurred yrs.	No. OMEY GENCY HOSPING St., W. (If death occurred in a hespital or institution, give its NAME instead of street and number) mos. ————————————————————————————————————
2. FULL NAME LOSEFIL CANYON	inosyisyis
(a) Residence: No. 1/5 y Chestand (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That Vattended deceased f
6. DATE OF BIRTH (month, day, and year) Con - 23 1909	(I last say hear alive on fully \$10 193 ; death is
7. AGE Years Months Days If LESS that I day, or min.	The state of the s
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Jaugune 1 Penis 7
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 11. Total time (years).	& Sortund las
11. Total time (years) spent in this occupation (month and making in this occupation) 12. BIRTHPLACE (city or town) SRIGHT OF F.	Other Coutributory Causes of importance:
(State or country) a language of the control of th	- Josewa
14. BIRTHPLACE (city or town) SRIGHTOFE (State or country) G-G-CO Md.	Name of operation Data of Was there an autopsy?
15. MAIDEN NAME 1/1/02/11/18 STYFERL!	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) Skidul or (State or country)	Accident, suicide, or homicide? Date of injury, 19 Where did injury occur?
17. INFORMANT 1125 M. S. Chesting 501	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Placed TO ac 1 20 K Cant Date July 31, 193	A. Nature of injury
19. UNDERTAKER & A B Parks	24. Was disease or injury In any way related to occupation of deceased?
20. FILEPAR 31, 19.3 2 Jay 6 C. Jay ca	no (Signed) George Colored

STATE OF MARYLAND—CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. Hospital

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Example I E : V L-1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 weck ago
Chronic interstitial nephritis	. 1921	Run over by street car	1 week ago
Cerebrol hemorrhage	July 5,1927	Peritonitis	3 days ogo
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	Moy 1,1923	Gostroenteritis	1 year

1. PLACE OF DEATH			
County	1. 1	Registration Dist. No. 27	,
Village or City	porus	No. St., If death occurred in a hospital or institution, give its NAME instead of street and n	War
Length of residence In city or town where		sds. How long in U.S. If of foreign birth?yrsmo	
2. FULL NAME	daset ha	us	
(a) Residence: No. 72 -	First.	St Ward.	
	(Usual place of abode)	If nonresident give city or town and	State
3. SEX 4. COLOR OR RACE		MEDICAL CERTIFICATE OF DEATH	
Bemale col	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Mon)(h) (Day)	, 193 2 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	I have	22. I HEREBY CERTIFY, That I attended on	
DATE OF DIDTH (week)	1/281.		,
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, atm,	; death is sai
52	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
8 rade, profession, or particular	ormin.	were as follows:	Date of onse
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	plomestic	These Hound Dead	
Work was done as SILK MILL			
19 Date deceased last worked at	11. Total time (years)	In Bull	
this occupation (month and year)	11. Total time (years) spant in this occupation		
12. BIRTHPLACE (city or town)	natorella	Other Contributory Causes of importance:	
(State or country)	64. a. Cu.		
13. NAME Chi	Denet.		
14. BIRTHPLACE (city or town)	mapors	Name of operation	
(State or country)	und do md	What test confirmed diagnosis? Was there an a	
15. MAIDEN NAME Must	ha Ben	23. If death was due to external causes (VIOLENCE) fill in also the following:	
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	majodes/	Accident, suicide, or homicide? Date of Injury	, 19
(State or country) (4, (4)	Go. Md. Y	Where did injury occur?(Specify city or town, county and State	
17. INFORMANT LEAST		Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	ICE.
18. BURIAL, CREMATION, OR REMOVAL		Manner of injury	
Place July	Date 12 2 , 1937	Nature of injury	
19. UNDERTAKER SAGO ()	Sleeks El	24. Was disease or injury in any way related to occupation of deceased?	
(Address) / mach	rus, mo	If so, specify A.	_

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	2	Example II	S. OFFE
The principal cause of death and related causes of importance were as follows: $\triangle \cup \neg \bigcirc \bigcirc$	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis SUREAU V.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	E/E		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

properly classified.

be

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

20. FILED

See instructions on back of certificate.

V. S. No. 1

	STATE C	F MAR	YLAND-	CERTIFICATE OF DEATH	02407
1. PLACE OF	F DEATH			(82-a)	N. C. L. C. S.
County	Anne Arundel	•		Registration Dist. No	7
	ity_Grownsvil dence in city or town where d		(If	death occurred in a hospital or institution, give its NAME instead of stre. ds. How long in U.S. if of foreign birth?yrs	St., Ward eet and number) ds.
2. FULL NAI		lyn Dea			
(a) Residen	ce: No. Bel	timore (Usual place	City, Ma:	r / st; nd Ward. If nonresident give city or to	wn and State
PERSON	IAL AND STATIST	CAL PART	CULARS	MEDICAL CERTIFICATE OF DEA	тн
3. SEX female	4. COLOR OR RACE black	5. SINGLE, MAR OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH July 24th (Month) (Day)	, 193 2 (Year)
5a. If married, widow HUSBAND of (or) WIFE of	ed, or divorced Unknown			22. 1 HEREBY CERTIFY, That let April 11th 19 30 to July 24	
6. DATE OF BIRTH	(month, day, and year)	1860		I last saw h.er alive on July 24th 1	9.32; death is said
7. AGE Yea	rs Months	Days Cnown	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 12:10 m. M. The PRINCIPAL CAUSE OF DEATH and related ceuses of important were es follows:	ce Date olonset
kind of v SAWYER 9. Industry or work wa: SAW MIL 10. Date deceas this occu	ssion, or particular work done, as SPINNER, , BOOKKEEPER, etc. business in which s done, es SILK MILL, LL, BANK, etc. ed last worked at pation (month and	Spe Spe	ilme (years) nat in this upstion	Cerebral Hemorrhage	
12. BIRTHPLACE (ci	ty or town Hary land	<u> </u>		Other Contributory Causes of importance: Right Hemiplegia	?
₩ 13. NAME	Ben Coates	3			
	E (city or town)	Marylar	nd	Name of operation Downward Mark test confirmed diagnosis? Was the	
出 15. MAIOEN NA	ME Barbara (Fray		23. If death was due to external causes (VIOL ENCE) fill In also the f	ollowing:
≥ (State or	(city or town) Mal			Accident, suicide, or homicide?	
17. INFORMANT	Hospital Rec		rland	Specify whether injury occurred in INOUSTRY, in HOME, or in PUE	LIC PLACE.
18. BURIAL, CREMAT	TION, OR DEMOVAL	- Date Jul	427,1932	Menner of injury ————————————————————————————————————	
19. UNDERTAKER(Address)	Joseph a	Twe	tet	24. Was disease or injury in any way related to occupation of decealif so, specify	Sed?

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related cause of importance were as follows:	S Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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County Charle Quandel	Registration Dist. No.
Village or City Colalivalio	No. St, If death occurred in a horpital or institution, give its NAME instead of street and number)
the Mark and the M	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mau 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (agric the word)	21. DATE OF DEATH (Month) (Day) (Ye
5a. If married, widowed, or diverced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended decease
6. DATE OF BIRTH (month, day, end year) July 25 1917 7. AGE Years Months Deys If LESS than	I last saw h elive on , 19 , 19 , 19 , 19 , 19 , 19 , 19 , 1
8. Trade, profession, or particular kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and constitution).	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Data of the principal description of the principal d
year) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country) 13. NAME Gales L Depishmi 14. BIRTHPLACE (city or town) (State or country) (State or country)	Name of operation
(State or country) Wacoust	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mary L. Dye	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME May L Dye 16. BIRTHPLACE (city or town) (State or country)	Accident, sulcide, or homicide?
17. INFORMANT MI vold	Where did Injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Washington ! Date July 20, 193	Manner of injury
19. UNDERTAKER Francis Jasch's Sous (Address) Bladens Sugg M	24. Was disease er injury in eny way releted to occupation of deceased? If so, specify the way of the fall 3 releted to occupation of deceased?
20, FILED July / 8,1932 M. Claritor.	(Signed) actives Coroning (Address) 1. 12 aug Landing Mrs

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write honsewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none. sic 4 Lot 6 set 19

To be complete, an occupation	return	must	state:
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8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative." etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
AUG 10				
Other contributory causes of importance:		Other contributory causes of importance:		
Gollstones	Moy 1,1923	Gostroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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No.	i
SQ	ı

1	L PLACE OF DEATH	92-04
	Village or City Mullersorle Pred.	Registration Dist. No.
		NoSt., Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth? yrs. mos. ds
	2. FULL NAME Benlah De Fo	rept
	(a) Residence: No. A Marine (Usual place of abode)	4,St., Ward. If nonresident give city or town and State
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3.	Jemal White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yaar)
50	If married, widowed, or divorced HUSBAND of (or) WIFE of Phina	22. I HEREBY CERTIFY. That I attanded deceased from
	Cufford NEToust.	July 2 ,1932 to July 2 ,19 3 9
-	DATE OF BIRTH (month, day, and year) long. 27 - 1885-	I last saw h alive on 193 2, death is sai
7.	AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated those, at 1:30 m
	8. Trade, profession, or particular	The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows: Oata of onset
NOI	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Mitral resunctation in
OCCUPATION	9. Lidustry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc	with failing of
၁၁၀	10. Deta deceased last worked at this occupation (month and spant in this occupation occupation	Confinsation
12	BIRTHPLACE (city or town) / Saltimore City	Other Contributory Causes of Importance:
~	(State or country) May level.	from Sine bushing of
THER	13. NAME Joseph Himes	howing heart frontle for Signs,
FATH	14. BIRTHPLACE (city or town) (State or country) Many level 1	What test confirmed diagnosis? Church Was there an autopsy? The
1ER	15. MAIDEN NAME Coming / Trans	23. If death was dua to external causas (VIOLENCE) fill in also the following:
MOTHER	16. BIRTHPLACE (city or town) 13. altring	Accident, sulcide, or homicide?
	INFORMANT Children DE Forest	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	(Address) Millerwille, Ind.	
18	Place Washington Date. July 18, 19.32	Manner of injury Natura of injury
19	UNDERTAKER Mallie W. Hysoria Co	24. Was disease or Injury in any way related to occupation of dacased?
20	(Addrass) 1300 NATULE OVER S	(Signed) Cheer L. / Sudshaw M.
	Registrar.	(Address) Waterbury, Mrs.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier merbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5 ,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

See instructions on back of certificate.

TION is very important.

V. S. No. 1 Ä of OCCUPA.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1.	-,	A	1	4 3
U	6	4	1	U

1. PLACE	OF DEATH			950			11710
County	Anne Arunde	:1			Registration	Dist. No. 2	1
	City Annapoli			No. f death occurred in a horpital or institu s. ds. How long In U.S. if o			
2. FULL N	5	n Dennis					
(a) Reside	ence: No. Legum	Court (Usual place	of abode)	St., Ward.	If nonresident	t give city or town an	d State
PERSO	NAL AND STATIST	ICAL PARTI	CULARS	MEDICAL C	ERTIFICATE	E OF DEATH	
Male	4. color or RACE Colored		RIED, WIDOWED.) (write the word)	21. DATE OF DEATH	(Month)	3/ (Day)	, 193 (Year)
5a. If married, wide HUSBAND of (or) WIFE of	owed, or divorced			-	CERT1F	Y, That I attende	d deceesed from
	1 (month, day, and year) Mg ears Months	Deys	1891 If LESS than 1 dey, hrs. or main.	I last saw h alive on alive on to have occurred on the date state The PRINCIPAL CAUSE OF DEAT were as follows:	d above, at		; death is said
9. Industry of Mark w SAW M 10. Date decer	fession, or particuler work done, as SPINNER, R, BOOKKEEPER, etc	Naval	A Cademy me (yeers) it in this pation	Heart	en,	He	
12. BIRTHPLACE (State or co	,	polis,	•	Other Contributory Causes of impo	ortance:	•••••	**
13. NAME	Edward Denni	Ls				*****	
(State	CE (city or town) A • A • or country)	County	Md.	Neme of operation Whet test confirmed diagnosis?			
15. MAIDEN N	Mary Gle	ee		23. If deeth was due to external cau	ises (VIOLENCE) fi	fill in elso the following	ng:
	CE (city or town) A • or country)	A. Count	у, Md.	Accident, suicide, or homicide? Where did injury occur?			
17. INFORMANT(Address)	Charles Der Annapol			Specify whether injury occurred in	i INDUSTRY, In H	r town, county and St OME, or in PUBLIC P	LACE.
	ation, or removal rewer Hill	Date Aug.	2, 19 32	Manner of injury			
19. UNDERTAKER(Address)	Anna pol:	aylor is, Md.	9-16	24. Wes disease or injury in eny w If so, specify	ey related to occup	petion of deceased?	M. D.
20, FILED	41.1932	say a c.	Registrar.	(Address) Am	Sholm	~M" lu	cher

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

7	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attock of epilepsy	1 week ago
: 1921	Run over by street car	1 week ago
July 5, 1927	Perilonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5, 1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

V. S. No. 1

STATE OF	MARYLAND—CERTIFICATE OF DEATH	07411
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1. PLACE OF DEATH	(17-0)
County Anne Arundel	Registration Dist. No. 27
Village or City Odenton	No. St., Ward (If death occurred in a bospital or institution, give its NAME instead of street and number)
	mosds. How long in U.S. if of foreign birth?yrsmos, ds
2. FULL NAME Oregon Disney	
(a) Residence: No. Odenton, Md. (Usual place of abode)	St., Ward. If nonresident give city or lown and State
PERSONAL AND STATISTICAL PARTICULARS	
Male White 5. SINGLE, MARRIED, WIDO OR DIVORCED (write the	Word) 21. DATE OF DEATH (Month) (198 2 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. July 1 HEREBY CERTIFY That Vatiended deceased fro
6. DATE OF BIRTH (month, day, and year) Feb. 23, 1863.	Vi last say humalive on Hely 1297, 1934 death is sa
7. AGE Years Months Days If LES	S than to have occurred on the date stated above at 6 30 m The PRINCIPAL CAUSE OF ORATH and Material square of invertance
8. Trade, profession, or particular kind of work done, as SPINNER. Farmer SAWYER, BOOKKEEPER, etc.	Jasuce week un bus
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
year) occupation	Other Contributors Classes importance: Deliver
12. BIRTHPLACE (city of town) Anne Arundel Count; (State or country) Md.	y Chew- Newses
13. NAME Charles G. Disney	
14. BIRTHPLACE (city or town) Anne Arundel Co. (State or country) Md.	Name af operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Margaret Turner	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Margaret Turner 16. BIRTHPLACE (city or town) Anne Arundel Co. (State or country) Md.	Accident, suicide, or homicide?
17. INFORMANT James W. Disney (Address) Odenton, Md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Placa Church Yard Date July 23,	, 19 32 Nature of Injury
19. UNDERTAKER John M. Taylor (Address) Annapolis, Md.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 14 2 3-19 32 Joseph C. &	gistrar. (Address) 8 Marine Mr. armafin

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, eotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of eause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

-	Example II	-	Example I
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:
1 week ago	Attack of epilepsy	1915	Arteriosclerosis
1 week ogo	Run over by street cor	1921	Chronic interstitial nephritis AUG 6 1932
3 days ago	Peritonitis	July 5,1927	Cerebral hemorrhage
			BUREAU V.
	Other contributory eauses of importance:		Other contributory causes of importance:
1 year	Gastroenteritis .	May 1,1923	Gallstones
_		May 1,1923	Other contributory causes of importance: Gallstones

6
No.
v)
>

STATE OF MARYLAND—	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	<u>(17412 47)</u>
County Cu.Ck. 60	Registration Dist. No.
Village or City Cimal olds	NoSt,Ward
Length of residence in city or town where death occurred wrs	If death occurred in a hospital or institution, give its NAME instead of street and number) is
2. FULL NAME Coma Rebicha &	astri
(a) Redence: No. Itsville - M.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
RESONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE S. SINGLE, MARRED, WIDOWED, OR DIVORCED (complete word)	21. DATE OF DEATH (Month) (Day) (Year)
56. If merried, widowed, or divorced HUSBAND of	22. HEREBY CERTIFY, That Lattended deceased from
(or) WIFE of	July 10, 19 5230 John 10, 19 5 2
6. DATE OF BIRTH (month, day, and year) Luc. 6 - 1930	Mast saw h in alive on fally (1) 1932 death is said
7. AGE Years Months Days If LESS than 1 day, hrs.	to have occurred on the date stated above, at 11.5 1/2 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
min.	were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, otc.	Herorecel proming.
9. Industry or business in which work was done, as SILK MILL.	
work was done, as SILK MILL, SAW MILL, BANK, etc. 11. Total time (years) this occupation (month and spent in this	
this occupetion (month end spent in this occupation	
12. BIRTHPLACE (city or town) Salurally	Other Coatributory Causes of importance:
(Stete or country) a.l.	
13. NAME VINNU GALLU 14. BIRTHPLACE (city or town)	
4 14. BIRTHPLACE (city or town)	Neme of operation
(State of country)	What test confirmed diagnosis? Was there an eutopsy?
	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
2 16. BIRTHPLACE (city or town) (State or country)	Where did Injury occur? Drawk / Leroneuel
17, INFORMANT Plrum Gaster	(Specify city or town, county and Stata) Specify whether Injory occurred in INDUSTRY, in HOME, of in PUBLIC PLACE.
(Address)	as fine
18. BURIAL, CREMATION, OR REMOVAL Place Significant Date July 12, 1932	Manner of injury
-W C 16 1 to	Neture of injury
19, UNDERTAKER (Address)	24. Was disease er injury in any way releted to occupation of deceesed?
a market	(Signed) Thorace Boil M.D.
20. FILED TAS 1. 1952 Frage C Filed Registrar.	(Address). Offerapolis med
If more blanks are needed, address State Registrar	, 2411 N. Charles Street, Baltimore, Requesting W.S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 1 6 1007	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:	4	Other contributory causes of importance:	
Gallstones	May 1,1923	Gostroenteritis	1 year

PLAINLY WRITE V. S. No. 1 1 ż

PLACE OF DEATH Rome arundel	07413
1 Margaret	STATE OF MARYLAND
County.	© CERTIFICATE OF DEATH
made Land	Registration Dist. No. 22
Village or City (No.	St.: Ward) (If death occurred la hospital or institution, give its NAME in
2FULL NAME John 2dr	stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 7 / 3 , 1928
6 DATE OF BIRTH 7-13 932	17 I HEREBY CERTIFY, That I attended the deceased from 192
(Month) (Day) (Year)	that I last saw haliva on, 192
7 AGE If LESS than I day hrs.	and that death occurred on the date stated above, at
yrs. mos. ds. or min.?	D
8 OCCUPATION (a) Trade, profession or	Jumalin Burk
particular kind of work	Sulton
(b) General nature of industry business, or establishment in	(Duration)yrs mosd
which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory Secondary (Duration) yrs
10 NAME OF Saul Sammah	(Signed) M. E
OF FATHER Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER OF MOTHER	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tran ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place In the of deathyrsmosde, Stateyrsmosd
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
Sand Salmashing	Former or usual residence.
(Informant) Lambard (Address) Lambard	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 Filed July 13 1932 Olevia M. Harland	20 UNDERTAKER Tasker Laurel, ind
If more branks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an sary to know laborer, Farm laborer, Laborer—Coat mine, eve. wounen at home, who are engaged in the duties of the
household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile factory. The material tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Housewhatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook report specifically the occupations of persons en-For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal minc, etc. without more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the 6 Grocery;

Strtement of Cause of Death—Name, first, the DISEAST CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lober pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ot tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," accident; Revolver wound of head-homicide; Poisoned by "(Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. "PUERPERAL septicaemia," "PUERPERAL peritonilis," etc. "Debility" ("Congenital," Whooping approved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Exhaustion, American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-.. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY cough; ," "Heart failure," Chronic valvular heart disease; "Senile," etc.), "Dropsy," failure," "Haemorrhage," The nature of the injury, etc. The contributory Measles ;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MADVIAND_CEDTIFICATE OF DEATH

1.	-,	A	4	- 5
UF.	/	4	ж	al
V	8	30	8	H

1. PLACE OF DEATH	OI MAI		CERTIFICATE OF BEATH	Utrir
County Anne Arunde	1		Registration Dist. No.	41
		State Hos	nitol	t Ward
Length of residence in city or town who	ere death occurred	l yrs 5 mos	f death occurred in a horpital or institution, give its NAME instead of streets. 23 ds. How long In U.S. if of foreign birth?yrs	et and number)mosds.
2. FULL NAME Jones	Elliott			
(a) Residence: Np. Balti	more Cit	Y	St., Ward.	
	(Usual plac		If nonresident give city or tov	
PERSONAL AND STATIS	1		MEDICAL CERTIFICATE OF DEA	тн
3. SEX male black	OR DIVORC	RRIED, WIDOWED. ED (write the word) "Tied	21. DATE OF DEATH July 7th (Month) (Day)	, 193 2 (Year)
5a. If married, widowed, or divorced HUSBAND of Mamie El	liott		22. I HEREBY CERTIFY, That I att	tended deceased from
	1906		January 14 1931 to July 7th	
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months 26	Days Inknown	If LESS than 1 day,hrs.	to have occurred on the date stated above, at 12; 10Pn. M. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trade, profession, or particular		ormin.	were as follows: General Paralysis of the	Date of onset
kind of work done, as SPINNER, ement Work		Insane	?	
A Mandustry or business in which			- 113c116	
work was done, as SILK MILL, SAW MILL, BANK, etc	1 22 7-4-1			
10 Nate deceased last worked at this occupation (month and year)	Spi	time (years) ent in this		
12. BIRTHPLACE (city or town) North Carolina (State or country)			Other Contributory Causes of importance: Syphilis	?
13. NAME Luke Ellic	tt			
13. NAME Take Ellic 14. BIRTHPLACE (city or town) (State or country)		rolina	Name of operation Dat	
	otts		What test confirmed diagnosis? Was the	
15. MAIDEN NAME Laura C	Ionth Com	nolimo	23. If death was due to external causes (VIOLENCE) fill in also the follower accident, suicide, or homicide? Date of injury	
State or country)	CAT GIT GOT	QTTM9	Where did injury occur?	
17. INFORMANT Hospital Re (Address) Crow	cords	Maryland	(Specify city or town, county a Specify whether injury occurred in INDUSTRY, In HOME, or in PUBL	nd State) .IC PLACE.
18. BURIAL, CREMATION, OR REMOVACT	. / -)	1/1. 1-	Manner of injury	
Place	bate	,19	Nature of Injury	
19. UNDERTAKEN R. M. W. (Address)	surfer	The	24. Was disease or Injury in any way related to occupation of decease If so, specify	ed?
20. FILED 9/11. 552 (A Da	Registrar.	(Si ned) / /// / / / / / / / / / / / / / / / /	ell M. D
If me	ore blanks are needed,	address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	rand

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as groccry store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	Example I Example		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMEN	S BY	BY	PHYSICIAN
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1PLACE OF DEATH	STATE OF MARYLAND
County A. a.	CEPTIFICATE OF DEATH
	Registration Dist. No. 22
Village or Cityleau Laule (No.	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME Etta & Saither	tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jewale White Single, Married, Widowed. White Write the word)	16 DATE OF DEATH 7 / 3 / 1923 7
9 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day), 1883	that i last saw h 2 alive on 7 0 1932.
7 AGE # 8 yrs. 10 mos. 18 ds. or min.?	and that death occurred on the date stated above, at 10.7. Ram. The CAUSE OF DEATH * was as follows: Quantity Carrier Carrie
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	advonding roll on Trinning
business, or establishment in which employed or (employer)	Contributory and Cardige Dilitalis
9 BIRTHPLACE (State or country)	Secondary (Durstion) yrs mos. / ds.
FATHER Samuel Brown	(Signed) B M.D.
IN BIRTHPLACE OF FATHER (State or country)	*State the Diseaso Csusing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother 6 1a Chounell	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place 2 yrs 4 mos, ds. In the State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
Mr Frank Inciseis	Former or usual residence
(Address) Saurel Mil	8+ Marks) Hahland W. Rug 2 11, 1932
15 Filed aug 1st 182 Dlarg M Haslup Local Registrat	Toya Baiser Lawel Md.
If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile foctory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to cach and every person, irrespective of er," etc., without more precise specification as Doy laborer, Farm loborer, Loborer—Coal minc, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scrvont, Cook, work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewijc, Househousehold only (not paid Housekeepers who receive a whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed report specifically the occupations of persons en-For many occupations a single word or term on For persons who have no occupation Stationary firemon, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia. ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary) stated unless important. use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory American Medical Association.) approved by Committee on (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-...... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condior intercurrent) affection need not be ess important. Example: Measles (disease Nomenclature of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCURA-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	2.3)
County a-a.	Registration Dist. No. 27
Village or City South Plus	No. St Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsds.
2. FULL NAME Berjamin Giles	, in the state of
(a) Residence: No. Sauch River	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4 COLOR OR RACE 5. SINCLE MARRIED WIDOWED	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarak Gibson	22. HEREBY CERTIEY, That I attended deceased from
	My 16, 1932, 10, July 30, 1932
6. DATE OF BIRTH (month, day, and year) Olystroper . /86 3 7. AGE Years Months Days If LESS than	I last saw h dan alive on J Elly 16 193 2; death is said
1 day,hrs.	to have occurred on the date stated above, A
8. Trade, profession, or particular	were as follows:
A Irade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	Juberculoses
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Pulmenary
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
12. BIRTHPLACE (city or town) Orcegland	Other Coutributory Canses of Importance:
(State or country)	
13. NAME 14. BIRTHPLACE (city or town)	
(State or country)	Name of operation
	Whet test confirmed diagnosis? - Llo Wes there an autopsy? Js.
1S. MAIDEN NAME Calfure. Bios	23. If death wes due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
(State or country) Maryland	Where did injury occur?
17. INFORMANT Ella. y onny.	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Daniel Slos Date any 1 - 1934	Nature of injury
19. UNDERTAKER Ben & Hoffing (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILEDSAL 31, 19 32 Ang L C. Ang a Registrar.	(Signed) January 13 That M.D.
	(Address) 2

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis AMC 6 193	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V.S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SP	ACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

	Registrat	ion Dist. No.	
No.		S	t., Ward
eath occurred in a hospital or			
	S. if of foreign birth?	угз	mosds.
allestore			
St., Ward.			
	If nonresid	dent give city or tow	vn and State
MEDICA	L CERTIFICA	TE OF DEAT	тн
21. DATE OF DEAT	TH / _	2.0	
	(Month)	(Day)	, 193 2
	(Munity)	(Day)	(Taar)
1 HERE	BYCERT	FY, That I att	anded deceased from
may 1	1920, to	fully.	3) : death is said
I last saw hat alive o	n July	22/ ,19	0.32.; death is said
to heve occurred on the date	statad above, at	?-30Pm	
The PRINCIPAL CAUSE OF		causes of importance	e
were as follows:	1	21	. Date of enset
nemo	nary	ence conto	Date of onset
Other Contributory Causes of	importence:		
Neme of operation		Dat	te of
Whet test confirmed diagnos	is?	Was the	ra en eulopsy?
3. If death wes due to extern			
Accident, suicide, or homicid			
Where did injury occur?			
Specify whether injury occur	(Specify cit	y or town, county a	nd State)
openity whether injury occur	ieu iii iiiDUSTKT, II	I HOME, OI IN PUBL	IL FLAGE.
Mannar of injury			
Nature of injury			
24. Was diseasa or injury in	any way releted to o	ccupation of decease	ad? w
If so, specify			
(Signad)	reedy &	Jasse	w my
(Addrass) L	pper	March	no pred

19. UNDERTAKER (Address)

Registrar.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
		GECENTED		
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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STATE OF MARYLAND-CERTIFICATE OF DEATH

10	7	4	1	Q
V	6	T	JŁ.	1

1. PLACE OF DEATH						(85)	
	County	Anne	Arunde.			Registration Dist. No. 21	
Village or City Crownsville Hospital						No. St. Ward	
			ty or town where d	eath occurred	Vrs 3 (li	f death accurred in a hospital or institution, give its NAME instead of street and number)	
			Richard	2	088		
-	. FULL N		At .	Large			
	(a) Resid	ence: No		(Usual place	of abode)	St., Ward. If nonresident give city or town and State	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	PERSO	NAL AN	D STATIST	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
	sex Male		R OR RACE Black	5. SINGLE, MAR OR DIVORCE	RIED, WIDOWED, D (purite the word)	21. DATE OF DEATH July 28 2	
5a.	If married, wid	owed, or divo	orced			(Month) (Day) (Year)	
	HUSBAND of (or) WIFE of			۲ 		22. April HEREBY CERTIFY, That I attended decessed from July 28	
6. 1	DATE OF BIRTI	H (month, da	v. and vear)	390		I last saw h im alive on July 28 , 19 32; death is said	
7.		ears	Months	Days	If LESS than I day,hrs.	to have occurred on the date stated above, at 7:30 pm. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
				ormin.		were estation Date of onset	
NO	kind of	f work done, ER, BDOKKEE	articular as SPINNER, SPER atc	Porter		•	
OCCUPATION	Industry o	r business in	which				
D)		was done, as S					
0	this oc	Dato deceased last worked at his occupation (month and year)					
			Mass		ipation	Other Contributory Canses of importance:	
12.	State or co					Epilepsy	
2	13, NAME	?	Kanna				
FATHER	14 RIDTHDIA	CE (city or to	? (wn)?	THE COLOR OF THE C		Name of operation Date of	
!		or country)				What test confirmed diagnosis?	
1ER	15. MAIDEN N	NAME	?			23. If death was due to external causes (VIOLENCE) fill in also the following:	
MOTHER	16. BIRTHPLA	CE (city or to	wn)?			Accident, suicide, or homicide? Date of injury, 19	
Σ	(State	or country)		- 2		Where did injury occur?(Sociile situates and a second	
Hospital Records (Address) Crownsville, Md.						(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.	
18/BURIAL, CREMATION, OR REMOVAL						Manner of injury	
	Place	all	repelod	Date 2	03 7	Nature of injury	
19. UNDERTAKER D. N. K. Willewie Cupt						24. Was disease or injury in may related to occupation of deceased?	
(Addjess) Walesburg In					in	If so, specify A A	
20.	FILED / 2	-32	19	200 h	Registrar.	(Sigged) (Address) M. D.	
			If more	blanks are needed .		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis , 1	3 days ago
,		OBVIESE	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
7			

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

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certificate.

See instructions on back of

TION is very important.

CTATE OF MADVIAND_CEDTIFICATE OF DEATH

1 DIACE	OF DEATH	T MAK	I LAND	CERTIFICATE OF DEATH	4.6
		ما		21/4	19
	Anne Arund		99 91	Registration Dist. No.	10. 4
	or City Crownsvil		- (16	f death occurred in a hospital or institution, give its NAME instead of street and numbe	
Length of				s. 12 ds. How tong in U.S. if ol foreign birth? yrs. mos.	ds.
2. FULL	NAME	Charles	Harriday	9	
(a) Res	idence: No.	Carroll (Usual place	County, of abode)	MEST: ylandward. If nonresident give city or town and State	
PERS	ONAL AND STATIST	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
male male	black		RIED. WIDOWED, D (write the word) 1 e d	21. DATE OF DEATH July 21st, (Month) (Day) (Oay)	2 Year)
5a. If married, w HUSBAND (or) WIFE		Harrida	A	22. I HEREBY CERTIFY, That I attended dacea	
6. DATE OF BIR	tTH (month, day, and year)	1889		June 9th 1930 to July 21 11 I last saw h im alive on July 21 19 32, dea	
7. AGE	Years Months	Days	II LESS than	to have occurred on the date stated above, at 1: 3QP_m.	
	53 Un	known	1 day,hrs. ormin.	THE RINGH ALL CAUGE OF BEATH and Foliated causes of importance	of onset
North SAW	of work dona, as SPINNER, IYER, BOOKKEEPER, etc	11. Total t spe occi	hauffeur ime (years) nt in this upation	failure of compensation 6 Other Coutributory Causes of importance:	mos.
	E (city or town) Mar)				
13. NAME	Sam Harr				
	te or country)	ryland		Name ol operation Date of What test confirmed diagnosis? Was there an autops	
监 15. MAIDEN	NAME Rebecca R	andall		23. If death was due to external causas (VIOL ENCE) fill In also the following:	
	LACE (city or town) Mar	yland		Accident, suicida, or homicide? Date of injury, 19	
17. INFORMANT	Hospital Rec		land	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, er in PUBLIC PLACE.	~~~~~
18. BURIAL, OR	MATION, OR REMOVAL	Dateful	126,132	Manner of injury	
19. UNDERTAKE		ufder	et.	24. Was disease or injury in arry way related to occupation of daceased? If so specify	
20. FILED Sel		muy 4	Registrat.	(Signed) Crownsville, Maryland	M. D.
	If more	blanks are needed,	address State Registrar,	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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Chronic interstitial nephritis	1921	Run over by street car A A A AAOS	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		cost a SUA	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

STATE C	OF MARYLAND-	CERTIFICATE OF DEATH	7420
1. PLACE OF DEATH		(33)	
County A.C	7	Registration Dist. No.	L 3
Village or City	nayo	NoSt.,	Ward
Length of residence in city or town where		f death occurred in a hospital or institution, give its NAME instead of street and stree	
2. FULL NAME AN ILL	Lange Danie	u e Harrison	
(a) Residence: No. 804	Dan dhing A	E St. Barret ho	
(a) Residence. In. 2 3	(Usual place of abode)	If nonresident give city or town a	nd State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	, 193 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	ed	22. I HEREBY CERTIFY, That I attende	
6. DATE OF BIRTH (month, day, and year)	6 15 1930	I last saw h alive on, 19	; death is said
7. AGE Years Months	Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 12 mm.	
2 1 4	2 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trada, profession, or particular kind of work done, as SPINNER,	~		
9. Industry or business in which	Ф- <i>f</i>	Me denta	
work was done, as SILK MILL, SAW MILL, BANK, etc	Med	A	
10. Date deceased last worked at this occupation (month and	11. Total time (years) spent in this	GILLIUNIUS	
year)	occupation.	Other Contributory Causes of importance;	
12. BIRTHPLACE (city or fown) (State or country)	nove, //La		
13. NAME Edward	Mc Kunis Harrison		
14. BIRTHPLACE (city or town)	, 1, 1	Nama of operation Date of	
14. BIRTHPLACE (city or town)	core Man	What test confirmed diagnosis?	autopsy?
15. MAIDEN NAME Sunce a	B. Callett	23. If death was due to external causes (VIOLENCE) fill in also the following	
15. MAIDEN NAME Suice (a) 16. BIRTHPLACE (city or towny)	1	Accident, suicide, or homicide? Date of injury	, 19
∑ (Stata or country)	were Ma.	Where did injury occur?	
17. INFORMANT MWWY JP) (Address) 2804 Mund	line Age Ball Mi	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.	
18. BURIAL CREMATION, OR REMOVAL	M5 Jul 12th 32	Manner of injury	
Place Maching the	Mota 10 3 V	Natura of injury	
19. UNDERTAKER J' Letyen	Mehner	24. Was disease or injury In any way related to occupation of decaased?	
(Address) / 3 3 V / FOL	your M. Ballowy	If so, specify	
20. FILED July Die 34	Darrie Stuly Registrar.	(Signed) All Marie Troys S (Address) Drui donnelli M	7d - M. D.
If more	blanks ard needed, address/State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

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Other contributory causes of introstance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

A PERMANENT RECORD. Every item of inforted EXACTLY. PHYSICIANS should state

stated EXACTLY.

BINDING

FOR

UNFADING INK-THIS MARGIN RESERVED

AGE should be

mation should be carefully supplied.

B.-WRITE PLAINLY,

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1. PLACE OF DEA	i n		20	93
County CC		mulle.	Registration Dist. No.	13
Village or City	Har	mono.	ND. (If death occurred in a bospital or institution, give its NAME instead of stre	St., Ward
Length of residence in ci	ty or town where dee	eth occurredyrs2d_n		
2. FULL NAME	Ma	y Louise O	Hawkin.	
(a) Residence: No	2/	turns.	St., Ward.	
DEDCONAL AN	D CTATICTIC	(Usual place of abode)	If nonresident give city or to	
		CAL PARTICULARS 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEA	· IH
Female Co	A DR RACE	OR DIVORCED (write the word)	2. DATE OF DEATH	193 2
5a. If married, widowed, or divo	read	Sugar	(Month) (Day)	(Yaar)
HUSBAND of (or) WIFE of	riced	U	22. I HEREBY CERTIFY That I at	tended deceased fro
· · · · · · · · · · · · · · · · · · ·			May 1932, 10 July	- 20,1932
6. DATE OF BIRTH (month, day	y, and year)		I last saw h. Cr. alive on fully 6 , 1	932; deeth is sai
7. AGE Years	Months	Days If LESS than	to heva occurred on the date stated above, at	
	20	1 day,h	The PRINCIPAL CAUSE OF DEATH end related causes of importent ware as follows:	Date of onse
8. Treda, profession, or pa	articular	ulaux		Date of onse
SAWYER, BODKKEE	PER, atc	y acci	fibercular	
9. Industry or business in work wes done, as S	SILK MILL.			april
SAW MILL, BANK, e 1D. Data decessed lest wor this occupation (more	ked et	11. Total time (years) spent In this occupation	PEUtonitio	//93
12. BIRTHPLACE (city or town)	Jars	usus o	Other Cantributary Causes of importance:	
(State or country)		nes	- Maraonu.	Jud
13. NAME	is Bu	rleg		/
14. BIRTHPLACE (city or to	wn)		Nama of operation De	te of
(State or country)	7	mid	What test confirmed diagnosis? Was the	ere en autopsy?
15. MAIDEN NAME	enne	Hawkins	23. If deeth was due to external causes (VIOLENCE) fill in also the fo	ollowing:
16. BIRTHPLACE (city or to	wn)	ne	Accident, suicide, or homicide? Date of Injury	, 19
(Stete or contry)		1/	Where did injury occur?	
17. INFORMANT Lev	un of	Lawkin	(Specify city or town, county a Specify whether Injury occurred in INDUSTRY, in HOME, or In PUB	LIC PLACE.
(Address)	The M	Laqueou Me	4	
18. BURIAL, CREMATION OR	Mas Co	July WV 3	Menner of Injury	***************************************
Plece		19.3	Nature of injury	1
19. UNDERTAKER TA	ewy	Myste Co.	24. Wes diseese or injury In any way releted to occupation of decease	ed? /60
(Address)				
20. FILEDILLY & 0.,		(1)	(Signed) The Palesan	du "

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	- 1	Example II .	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitual nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	4

STATE OF MARYLAND

ract	PLACE OF DEATH	STATE OF MARYLAND
Ĕũ/	County	CERTIFICATE OF DEATH
fled.	Village or City Sevena Park	Registration Dist. No.
SSS 9.		St.: Ward) (If death occurred in a hospital or institu-
rly cle	2FULL NAME Lawrence PJA	tion, give its NAME Is- stead of street and number.)
ope	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
d be st y be pr ack of	Male White Word OR BUTCH OR DIVORCED	16 DATE OF DEATH 7, 1932 (Month) (Day) (Year)
oul ma n b	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
t it	bek 8 , 1915-	
tha	(Month) (Day) (Year)	that I last saw halive on192,
ed. /	17 AGE If LESS than I day hrs. May hrs.	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:
uppli term	yrsds. ormin.? a occupation a) Trade, profession or	acceptantal beauting
ly sain	particular kind of work (b) General nature of industry	
In pi	business, or establishment in which employed or (employer)	(Duration)yremosde.
SATH impoi	9 BIRTHPLACE (State or country) Backo. Ins	Contributory Secondary (Duration) yrs
ould I	10 NAME OF Theodore a Haffman	(Signed) Ascord Hallon JR M. D.
on sh USE ON is	OF FATHER (State or country) Social Survivation of the survivation o	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
mati e CA PATI	of MOTHER Elysbeck Bully	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
stat	13 BIRTHPLACE OF MOTHER (State or Country) Balkcurre Ind	At place of deathyrsmosds. In the Stateyrsmosds.
of o	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
y item IS sho	(Informant) Of ally C. Ajoy Turnou	Former or usual residence
CIA	(Address)	Ballo, Cem. July 25, 19.32
1	Filed 7-2/1992 L. W. Registrar	The J. Ruch - 1735 Itarford
z /)	If more branks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1

WRITE

N. B.

BINDIN

TH UNFADING INK-THIS IS A MARGIN RESERVED FOR

Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (a) tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, whatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a cn at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. business, that fact may be indicated thus; Farmer (re-," etc., Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (b) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

accident; Revolver wound of head-homicide; Poisoned by tetanus) may be stated under the head of "contributory." "Uraemia," "Weakness," etc., when a definite disease carbolic acid-probably suicide. The nature of the injury, causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentaken. FOR VIOLENT DEATHS state MEANS OF INJURY Whooping cough; (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of " "Marasmus," "Old Age," "Shock, or intercurrent) affection need not be Chronic valvular heart disease; nephritis, etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

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	RD. Every	YSICIANS	statement	
5	RECO	Y. РН	Exact	
	RMANENT	XACTLY	classified.	
-	IS A PER	stated E	properly	certificate.
1	HIS	be	pe	of
STATE OF THE PROPERTY OF THE P	TE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every is	should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS	E OF DEATH in plain terms, so that it may be properly classified. Exact statement of	is very important. See instructions on back of certificate.
110011111	UNFAD	supplied.	n terms, s	ee instruc
	Y WITH	carefully	'H in plain	ortant. S
	PLAINL	ould be	F DEAT	very imp
	LE	sh	EC	S

1. PLACE OF DEATH County County	anundel	Registration D	ist. No. 20
Village or City Galles Length of residence in city or town where	rille	NoNoNoNo	St, War
2. FULL NAME Walter (a) Residence: No. Fore	Tydings He	St., Ward.	ive city or town and State
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
Male 4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH July (Month)	14 , 193 2 (Year)
Sa. tf married, widowad, or divorced HUSBAND of		22. I HEREBY CERTIFY	That I attended deceased fr
(or) WIFE of		19to	
6. DATE OF BIRTH (month, day, and year)		l last saw h alive on	
7. AGE Years Months	Days If LESS than I day, hrs. ormin.	to have occurred on the data stated abova, at The PRINCIPAL CAUSE OF DEATH and related causes were as follows:	
kind of work done, as SPINNER, SAWYER, BOOKKEFPER, etc	11. Totat tima (years) spent in this occupation	Dither Contributory Causes of Importance:	
12. BIRTHPLACE (city or town)(State or country)		Unter Contributory Causes of Importance.	
13. NAME Walter W. 14. BIRTHPLACE (city or town) (State or country) Print	Hook restville ce George, mit.	Name of operation	
15. MATDEN NAME Chris/11 16. BIRTHPLACE (city or town) (State or country)	rest ville, md.	23. If death was due to external causes (VIDL ENCE) fill Accident, sutcide, or homicide?	ata of Injury, 19
17. INFORMANT Water W. Hook, (Address) Forestville, Wish		(Specify city or t Specify whether injury occurred in INDUSTRY, in HO	own, county and State) ME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place October Fille Ka	done July 16, 132	Manner of injury	
19. UNDERTAKER Office (Address) Haleova	Harderle	24. Was disease or injury in any way related to occupa If so, specify (Signed)	tion of deceased?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	ter a la l	Example II	A 6.11
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
TOREAU T			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

MARGIN RESERVED FOR BINDING

07434

1. PLACE OF DEATH			(97)	
County Anne Arunde	1		Registration Dist. No. 4	
Village or City Crownsy	ille St	ste Hosni	taNoSt.,	Ward
Length of residence in city or town where d	174	()f	death occurred in a horpital or institution, give its NAME instead of street and in 3 ds. How long in U.S. if of foreign birth?yrs	
John !				
2. FULL NAME			y, st. Mary lwad	
(a) Residence: No.	(Usual place		If nonresident give city or town an	d State
PERSONAL AND STATIST	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE black	5. SINGLE, MAR OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH July 26th (Month) (Day)	, 193 2 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			22. I HEREBY CERTIFY, That I attended May 13th 19 25, to July 26th	
6. DATE OF BIRTH (month, day, and year)	1876		I last saw h 1 m alive on July 26th 19 32	
7. AGE Years Months	Days	If LESS than	to have occurred on the date stated above, at 6:10 Amp. M.	
56 U:	nknown	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importanco were as follows:	Date of onset
8 Trade profession or particular		General Arteriosclerosis	?	
9. Industry or business in which work was done, as SILK MILL,				
Date deceased last worked at this occupation (month and year)	spe	ime (years) nt in this upation		
12. BIRTHPLACE (city or town) Maryland (State or country)		Other Contributory Causes of importance: Senility	?	
🖺 13. NAME Unknown				
13. NAME UNKNOWN 14. BIRTHPLACE (city or town) (State or country)	kno wn		Name of operation Date of	
			What test confirmed diagnosis?	
15. MAIDEN NAME Unknown 16. BIRTHPLACE (city or town) Unknown (State or country)			Accident, suicide, or homicide? Date of injury	, 19
17. INFORMANT Hospital Records		(Specify city or town, county and St. Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC P	ate) LACE.	
18. BURIAL GREMATION OR REMOVAD Place Place (Address) Crownsville, Maryland Date, 7/26-32			Manner of injury Nature of injury	
Totasysorthe hul-	Ist.	Ken	24. Was disease or injury in any way related to accupation of deceased?	
19. UNDESTAKER (Address) Relative	Zud,-	-	If so, specify	A
20. FILED 7/26 ,132 &	De for	Registrar.	(Signed) (Address) I Q V II SV I] CAddress) I Q V II SV I] CADDRESS C	M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	i		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of importance were		Date of onset
Arteriosclerosis	1915	Attack of epilepsy	BUREAU V. S.	1 week ago
Chronic interstitial nephritis	1921	Run over by street car		1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	STATE B SHA	B days ago
			CELLED	1
Other contributory causes of importance:		Other contributory c	auses of importance:	
Gallstones	May 1,1923	Gastroenteritis		1 year

V. S. No. 1

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STATE OF MARYLAND	CERTIFICATE OF DEATH 17425
1. PLACE OF DEATH	(R)
County ame ame	Registration Dist. No. 2/
Village or City Leiltz Farry Noung	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Edward Vale	time forting
(a) Residence: No. 941 Washington, (Usual place of abode)	Bfird. Ward. Ball work Med.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIO OWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oay) (Year)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That 1 attended deceased from
6. DATE OF BIRTH (month, day, and year) Tel. 141, 1911	l last saw h allve on 19 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
21 5 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, Sax La Roser	Accedental Comment
SAWYER, BOOKKEEPER, etc. 29 9. Industry or business in which work was done, as SILK MILL We take a Section	
SAW MILL, BANK, etc.	
To. Date deceased last worked at this occupation (month end year)	
12. BIRTHPLACE (city or town) Daleinore Red. (State or country)	Other Coutributory Causes of importance;
13. NAME Peter Jerhin	
14. BIRTHPLACE (city or town) (State or country)	Name of operation
15. MAIDEN NAME Margaret Rosing	23, If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) Bale inches (State or country)	Accident, suicide, or homicide? Date of Injury
17. INFORMANT Joseph Jenteria Bes	Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Toly Dale 1- 20 ,19	Nature of Injury
19. UNOERTAKER Course	24. Was disease or injury In any way related to occupation of deceased?
(Address) 90/ Colemn Street.	If so, specify
1-17 32 N (1. Villen.	(Signed) A. D. M. D.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	S Date of onset
Arteriosclerosis ,	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	1.		
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STATE OF MARYLAND—CERTIFICATE OF DEATH item of infor-OCCUPA-1. PLACE OF DEATH should County_9 Registration Dist. No. Village or City Jo (If death occurred in a hospital or institution, give its NAME instead of street and number) Every PHYSICIANS Length of residence in city or town where death occurred statement How long in U.S. if of foreign birth? 2. FULL NAME RECORD. (Usual place of abode) If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR R. 5. SINGLE, MARRIED, WIDOWED 21. DATE OF DEATH OR DIVORCED (write the word) PERMANENT (Month) (Day) classified Sa. If matried widowed, or divorced HUSBAND of O That attended deceased from E 6. DATE OF BIRTH (month, day, and year) certificate. properly 7. AGE Months If LESS than Davs to have occurred on the date stated above, at stated I day, ____hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance S or____min. Date of onset 8. Trade, profession, or particular INK-THIS OCCUPATION kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. jo back plnods may 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and on 11. Total time (years) spant In this that occupation _ c instructions UNFADING Other Contributory Causes of Importance 80 12. BIRTHPLACE (city or town) supplied. (State or country) plain terms. FATHER See 14. BIRTHPLACE (city or town) Name of operation. (State or country) should be carefully What test confirmed diagnosis?. Was there an au'opsy?. MOTHER important. 15. MAIDEN NAME in 23. If death was due to external causes (VIOLENCE) fill in also the following: OF DEATH 16. BIRTHPLACE (city or town) ... Accident, suicide, or homicide?____ January Date of injury 19. (State or country) Where did injury occur?. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVA Manner of Injury S CAUSE mation NOIL Nature of Injury 19. UNDERTAKER 24. Was disease or Injury in any way related to occupation of deceased? If so, specify Idwell Woodsen (Signed) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		S	<i>\</i> ,
Other contributory causes of importance.		Other contributory causes of importance:	11
Gallstones	May 1,1923	Gastroenteritis	1 year

S. No. 1

5

PLACE OF DEATH County C. C.	STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No. 2
2FILL NAME anna M. Kueber I	M. Co. St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MARGINED, OR DIVORCED (Write the word)	18 DATE OF DEATH Rely 17 , 1932 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from 192, 192, 192
(Month) (Day) (Year) 7 AGE If LESS than I day hrs. ds. or min.?	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Baltanon And	(Duration)yrsds. Contributory
10 NAME OF Adam Roymond Kuebrila 10 11 BIRTHPLACE OF FATHER 10 OF FATHER 11 BIRTHPLACE OF FATHER 12 OF FATHER	(Signed)
(State of country) 12 MAIDEN NAME OF MOTHER Thresa & Schaefen 13 BIRTHPLACE OF MOTHER (State or Country) Balkwarv. Ind	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds. In the Stateyrsmosds.
(Informant) Navy Suckerth	Where was disease contracted, if not at place of death? Former or usual residence
(Address) All 124 UK New Megistrar	Holy Pedermer 2/20/3, 1/9 20 UNDERTAKER Geory J. I Puth an 1) 35 Harful
If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can he known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Carc should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Solesman. additional line is provided for the latter statement; it nature of the business or industry, and therefore an whatever, write Nonc. business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-Form laborer, Loborer-Coal mine, ctc. Womwithout more precise specification as Doy For persons who have no occupation (b) Automobile factory. The material 6 Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

"Traemia," "Weakness," etc., when a definite discase diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, occident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railwoy train "Atrophy," "Collapse," "Coma," "Convulsions, peritonoeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

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County dune drunde	Registration Dist. No. 22
Village or City Medr Thordwardswell	C No. St., Ward
Length of residence In city or town where death occurred	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. it of foreign birth?yrsmosds.
71/2 %	
2. FULL NAME MC of sully fullsa	St., Ward.
(a) Residence: No(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR MY RCED (26 the word)	21. DATE OF DEATH (Month) (Day) (Year)
59. Il married, widowed, or frippred ItUSBAND of Oor) WHEE of Device Ruyelsay	22. I HEREBY CERTIFY. That I attended deceased from 21, 1932 to July 21, 1932
6. DATE OF BIRTH (month, day, and year) Lukestow	Tlast sew has alive on felling 31, 1932; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
about 81 - 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, January Colores SAWYER, BODKKEEPER, etc	Carrien / Pylma 179
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	,
10. Date deceased last worked et this occupation (month and year)	
12. BIRTHPLACE (city or town) Hunkort Hune, Ua (State or country)	Dther Contributory Causes of importance:
13. NAME Lukowu	
13. NAME LURBUU 14. BIRTHPLACE (city or town) (State or country)	Neme of operation
15. MAIDEN NAME CURSON	23. tl deeth wes due to external causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Steto or country)	Accident, sulside, or homicide?
17. INFORMANT Colevard Rendsay (Address)	(Specify city or town, county and State) Specify whether Injory occurred In tNDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMAPION, OR REMOVAL Place FARKS - Gold, Co. Date Usey 3 , 1933	Manner of Injury
19. UNDERTAKER DE DUTTE LA MASSESSIONE	24. Was disease or injury In any way releted to occupation of deceased?
20. FILED aug 3, 1932 Clasa M. Hashifu	(Signed) M. D. (Address) Cerui
Market and the second s	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

. 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier merbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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PHYSICIANS should state

AGE should be stated EXACTLY.

mation should be carefully supplied.

V. S. No. 1

N. B.

1. PLACE OF DEATH		
County Cuich		Registration Dist. No.
Village or City La Cal	and Station	No. St.,
Length of residence in city or town whe		If death occurred in a hospital or institution, give its NAME instead of street and number isds. How long in U.S. if of foreign birth?
n	-1-2l-1	S
2. FULL NAME 15	1 x sta	
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATIS	STICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Arrite the word)	21. DATE OF DEATH
flual artita	Vmg6	(Month) (Day) (Y
5e. If merried, widowed, or divorced HUSBAND of		
(or) WIFE of		1 HEREBY CERTIFY, Thet I attended decesses
6. DATE OF BIRTH (month, day, end year)	July 1-1932	iest sew has give on Sand 1 1932 deeth
7. AGE Yeers Month	Days If LESS than	to heve occurred on the dete steted above, et 1/5/2 m.
. Ltill 6	1 day,hrs	THE PRINCIPAL CAUSE OF DEATH end releted couses of importance
8. Trade, profession, or particular	1 01	Date
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		Hill bom (4 mis)
9. Industry or business in which work wes done, as SILK MILL,		
S. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	11. Totel time (yeers)	
this occupetion (month end year)	spent in this occupetion	
12. BIRTHPLACE (city or town) - Ca - C	i.Co. rud	Other Contributory Causes of importence:
(Stete or country)		The Burn
13. NAME Janue	(Hoyd.	
14. BIRTHPLACE (city or town)	unylvan,	Name of operation Date of
(State of country)	-	What test confirmed diegnosis? Was there an eulopsy!
15. MAIDEN NAME / Eu 74	Rawson	23. If deeth wes due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	guia	Accident, suicide, or homicide? Date of injury, 19
∑ (State or country)		Where did injury occur? (Specify city or town, county and State)
17. INFORMANT 2276	Top	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR RESTOVAL	end dla.	
Place I coul Com	Dete 22 / 1972	Menner of Injury
0	0 11 - 11	Nature of injury
19. UNDERTAKER Vanue	or July	24. Was diseese or Injury in eny wey releted to occupetion of deceesed?
(Address) Take	6 1 1	If so, specify Q

79 Hy If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "cmployee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	====	Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STA	TEMENTS BY	PHYSICIAN
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PHYSICIANS

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19. UNDERTAKER (Address)

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Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U/S. No. 1.

If so, specify (Signed)

24. Wes disease or injury in any way related to occupation of deceased?

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Example I			Example II			
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	ALC 6 1532	1915	Attack of epilepsy	1 week ago		
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	BUREAU V. S.	July 5,1927	Peritonitis	3 days ago		
	Total Comments of the Comments	1		net-		
Other contributory	causes of importance:		Other contributory causes of importance:			
Gallstones		May 1,1923	Gastroenteritis	1 year		

ADDITIONAL.	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIAN
ADDITIONAL	DI AUE	LOI	LOWILLIE	DIVITINITIO	DI	FILISICIAN

hould be carefully supplied. ACE should be stated EXACTLY? OF DEATH in plain terms so that it may be properly classifies very important. See instructions on back of certificate. TH UNFADING INK--THIS is very important. Every Item of Information of CIANS should state CAUSI statement of OCCUPATION WRITE

BINDIN

MARGIN RESERVED

	1PLACE OF DEATH	
	County anne arundel	
		,
Vi	illage or City Idle wilde, 5hady 5id	e,
	2 FULL NAME Dudley	Love
	PERSONAL AND STATISTICAL PARTICUL	LARS
3 !	Male 4 COLOR OR RACE 5 SINGLE, MARRIED, White Widowed, OR DIVORCED (Write the word)	ingle
6	DATE OF BIRTH	
	(Month) (Day)	., 1(Year)
7	AGE >	If LESS than I day hrs.
	35 yrs	or min.?
) (F	OCCUPATION (a) Trade, profession or particular kind of work	
EL E	b) General nature of industry pusiness, or establishment in which employed or temployer)	00000 *000 *000 *00000
9 1	BIRTHPLACE (State or country)	
	10 NAME OF	
	11 BIRTHPLACE	
RENTS	OF FATHER (State or country)	
PARE	12 MAIDEN NAME OF MOTHER	
	13 BIRTHPLACE OF MOTHER (State or Country)	
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLE	DGE
	(Informant) June Martinet	7

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 20

St.: Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

	MEDICAL CERTIFICATE OF DEATH
16 DATE	OF DEATH July 10 , 1932
	7 /
100000000000000000000000000000000000000	/4/4 (Month) /O (Day) /932 (Year)
17	I HEREBY CERTIFY, That I attended the deceased fro
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, 192, 192
that I la	st saw halive on, 192
and that	death occurred on the date stated above, at
The CAU	SE OF DEATH, * was as follows:
ac	cidental Drowning
	04.000000000000000000000000000000000000
	(Durstion)yrsmosd
	ibutory
Seco	and a set
	muary
	Durstion yrs. fmos
(Signed)	Rosso Duration Tre mo
(Signed)	
Signed) Tuly *S Violen Accide	Latte the Disease Causin Death, or, in deaths from t Causes, state (1) Means of Injury and (2) Whether
Signed)	tate the Disease Causin Death, or, in deaths from t Causes, state (1) Means of Injury and (2) Whether ntal, Suicidal or Homicidal.
Signed) Taly *S Violen Accide B LENG ients At place	tate the Disease Causin Death, or, in deaths from t Causes, state (1) Means of Injury and (2) Whether ntal, Suicidal or Homicidal. TH OF RESIDENCE (For Hospitals, Institutions, Trans
Signed) Taly *S Violen Accide B LENG ients of death Where wa	tate the Disease Causin Death, or, in deaths from t Causes, state (1) Means of Injury and (2) Whether ntal, Suicidal or Homicidal. TH OF RESIDENCE (For Hospitals, Institutions, Transport Recent Residents)
Signed) Taly *S Violen Accide B LENG ienta At place of death Where wa f not at	Durstion) Jean Disease Causing Death, or, in deaths from t Causes, state (1) Means of Injury and (2) Whether ntal, Suicidal or Homicidal. TH OF RESIDENCE (For Hospitals, Institutions, Transfor Recent Residents) In the State yrs mos cases disease contracted, place of death?
*S Violen Accide B LENG ients of death Where was f not at from the state of t	Durstion) Jean Disease Causing Death, or, in deaths from t Causes, state (1) Means of Injury and (2) Whether ntal, Suicidal or Homicidal. TH OF RESIDENCE (For Hospitals, Institutions, Transfor Recent Residents) In the State yrs mos cases disease contracted, place of death?
*S Violen Accide B LENG ients of death Where was f not at from the state of t	tate the Disease Causin Death, or, in deaths from t Causes, state (1) Means of Injury and (2) Whether ntal, Suicidal or Homicidal. TH OF RESIDENCE (For Hospitals, Institutions, Transfer Recent Residents) In the State yrs mos case disease contracted, place of death?
Signed). *S Violen Accide B LENG ients of the control of death Where was f not at Former or resus resus 9 PLAC	tate the Disease Causin Death, or, in deaths from t Causes, state (1) Means of Injury and (2) Whether ntal, Suicidal or Homicidal. TH OF RESIDENCE (For Hospitals, Institutions, Transfer Recent Residents) In the State yrs mos case disease contracted, place of death?

If more bianks are need a, addre s tate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. should be used only when needed. As examples: (a) nature of the business or industry, and therefore an Civil. engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. especially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer, Laborerwithout more precise specification as Day For persons who have no occupation -Coal mine, etc. Wom-Locomotive engineer,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> stited unless important. causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never, report mere symptoms or terminal condiuse of "Tumor" for malignant neoplasms); Whoming 'cough', Chronic valvular heart inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e.g., sepsis, telanus) may be stated under the hear of contributory." (Recommendations on satisfactory of cause of death approved by Computition Nomenclature of the diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ethaustion," "Heart failure," "Haemorrhage," approved by Compette on Nor American Medical Association.) can be ascertained as the cause. Always qualify all (secondary or intercurrent) Chronic interstitial nephritis, carbolic acid-probably suicide. The inture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underunqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS State MEANS OF INJURY Example: Measles (disease affection need not be etc. The contributory valvular heart Measles; disease;

If this certificate is booked over thoroughly and a questions answered in death will properly further conceptuation. All the data is essential and must be obtained before the certificate is permanently filed.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	19210	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	66		
Other contributory causes of importance:	1 38	Other contributory causes of importance:	
Gallstones	Way 1,1923	rasi oenteritis	1 year
	O =	D C	
ADDITIONAL SPACE FO	OR FURTH	ER STATEMENTS BY PHYSICIAN	

STATE	OF	MARYL	AND-	-CERT	IFICA	TE	OF	DEA	TH
-------	----	-------	------	-------	--------------	----	----	-----	----

117/123

1. PLACE OF DEATH	- Jan
County Lysie Chilosophel	Registration Dist. No.
Village or City Length of residence in city or town where death occurred Downs.	No. Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) mos. ds. How long in U.S. if of loreign birth? yrs. mos. ds.
	118
(a) Residence: No. 104 Print Jorge (Usual place of abode)	- St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED ("write the wor	D. 21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day and year) 1877	last saw h. Last alive on July 21, 19 97; death is said
7. AGE Years Months Days If LESS th	A
55 2 / 1 day,	
8. Trade, profession, or particular kind of work done, as SPINNER, Serveral Relp. SAWYER, BOOKKEEPER, etc.	en July This tank 16
kind of work done, as SPINNER, Serveral Melfors SAWYER, BOOKKEEPER, etc. 9 Industry or business in which work was done, as SILK MILL, Soval Framental SAW MILL, BANK, etc. 10 Date deceased last worked at this occupation (month and separation this social time (years)	1952
11. Total time (years) this occupation (month and left 15/32 12. BIRTHPLACE (city or town) 13. Date deceased last worked at this occupation (month and left 15/32) 14. Date deceased last worked at this occupation (month and left 15/32) 15. Date deceased last worked at this occupation (month and left 15/32) 16. Date deceased last worked at this occupation (month and left 15/32) 17. Date deceased last worked at this occupation (month and left 15/32) 18. Date deceased last worked at this occupation (month and left 15/32) 19. Date deceased last worked at this occupation (month and left 15/32) 11. Total time (years) spent in this 30.9 12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country)	
13. NAME fames H MUCL.	
13. NAME fames A Marcel 14. BIRTHPLACE (city or town) Proceedings (State or country)	Name of operation flagnosis? Was there an autopsy?
15. MAIDEN NAME Margaret & Millian	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Margaret & Milian 16. BIRTHPLACE (city or town) Pance Sto Co	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Clarks B Mace	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 104 Pom le Glas S.T	
18. BURIAL, CREMATION, OR REMOVAL Place Stams Cam Dajefuly 23 19.	Manner of injury
19. UNDERTAKER P. L. Suite (Address) 369 was 5 5 5 +	24. Was disease or injury in any way related to occupation ol deceased? 10
20. FILE Jul 22 1932 for ag (C. for as	740, (Signed) Walter Hothe M.D.
/ / / / / / / / / Registro	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory cuses of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		A	

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 17434
1. PLACE OF DEATH	- GEZ
County ann arundel	Registration Dist. No. 21
Village or City Riverdale)	NoSt., Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME James Suplans Ma	igill
(a) Residence; Not 2426 4 16 albert (Viual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male White . OR DIVORCED (write the word)	July // 193 2
5e. If married, widowed, or divorced HUSBAND of	(Moffth) (Day) (Year)
(or) WIFE of	22. i HEREBY CERTIFY, That t attended deceased from
6 DATE OF REPTH (month day and year) MAY TI. 1960	, 19, to, 19, 19; death is said
6. DATE OF BtRTH (month, day, and year) / (2004) //- / 9 0 0 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
7 / 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade profession or particular	were as follows:
kind of work done, as SPINNER. Salesman SAWYER, BOOKKEEPER, etc. Salesman 9. Industry or business In which work was done as SILK MILL E. S.	
9. Industry or business in which work was done, as SILK MILL. Lady Electric bu	A. I-AA
O 10. Date deceased last worked at 11. Total time (years)	alle Malaleon of the 1/2
this occupation (month end spant in this occupation coupation	hart
12. BIRTHPLACE (city or town)	Other Contributory Canses of importance:
(State or country) Dallmore, Ma,	Linknown
13. NAME A. Magell	
13. NAME A Magile 14. BIRTHPLACE (city or town) A Mary's 60	Name of operation
(State or country)	What test confirmed diagnosis? August Was there an autopsy? W
15. MAIDEN NAME Mary L. Readmond 16. BIRTHPLACE (city or town) At Mary 60	23. If death was due to external causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) St. Maly 60	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT AND TO SOLVE TO THE STATE OF T	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of inlury None
Place It Josephis Cometenpare July 14, 1832	Nature of Injury None
10 HADEPTAKED	24. Was disease or Injury in any way related to occupation of deceased?
(Address) (Address) (Address) (Address) (Address)	If so, specify
20. FHEDruly 11, 1937 Jamps Wysys St.	(Signed) Ablus W. Underson J. J. asley as lovory D.
Registrar.	(Address) ancefolis, Mil.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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	PLACE OF DEATH	S'
C	ounty Ce 4	93-c) CE
	a Curaldo a Em	the the
illi	age or City Church (No. (No.	9000 10 30
	2 FULL NAME Those J. M.	alloy
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL
75	Male Whate Single, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH 17 I HEREBY CEN
D.	ATE OF BIRTH	pronoun
	may 30, 19/3	that I last saw h Since
AG	(Month) (Day) (Year)	and that death occurred
	If LESS than I dayhrs.	The CAUSE OF DEATH
		Chr. Myon
(h b	CCUPATION 1) Trade, profession or articular kind of work 1) General nature of industry usiness, or establishment in hich employed or (employer)	acule De
-	(State or country) Ball.	Contributory Secondary
	10 NAME OF Hubert 2 Mallay	(Signed) George
ENTS	11 BIRTHPLACE OF FATHER (State or country) Ball. rug	State the Disease Violent Causes, state
PAR	12 MAIDEN NAME OF MOTHER Magne (Fortman	Accidental, Suicidal o
	18 BIRTHPLACE OF MOTHER (State or country) Ball. 200	At place pronoc of death yishe feeta
1 7	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted if not at place of death?
	(Informant) mary C. Malloy	Former or usual residence
	(Address) Ball · Inp	19 PEAGAGE BURNE
î	Filed July 24 1923 2 Joseph C. fraistrar	Marganet Al

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in hospital or Instituion, give its NAME instreet number.)

MEDICAL CERTIFICATE OF DEATH 6 DATE OF DEATH (Month) that death occurred on the date stated above, he CAUSE OF DEATH & was as follows (Duration)yrs.....mos..... Contributory (Duration) State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of injury: and (2) whether Accidental, Suicidal or Homicidal. LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-

DATE OF BURIAL

Stratoga St., Balto., Chequestion more blanks are needed, address State Registrar, 16 W.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, whatever, write None. tired 6 yrs.). business, that fact may be indicated thus: Farmor (regaged in domestic service for wages, as Servant, Cook, ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., without more precise specification-us-Day Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Never return "Laborer," "Foremau," "Mauager," "Dealworked on may form part of the second statement Spinner, (b) Cotton mill; (a) Salesman, (b), Grocery; additional line is provided for the latter statement; it (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) nature of the business or industry, and sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. Physiciun, Compositor, Architect, Locomolive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various parsuits can be known. The quescapation is very important, so that the relative health-Statement of Occupation -Precise statement of oc-For many occupations a single word or term on At Home, and children, not gainfully em-For persons who have no occupation -Coal mine, etc. Wom-But in many therefore an

Ease causing death—Name, first, the disease causing death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia.")

ment of cause of death approved by Committee on head of "contributory." quences (e.g., sepsis, tetanus) may be stated under the thre of the injury, as fracture of skull, and consetrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; as probably such, if impossible to determine definitely. and qualify as Accidental, Suicidal, or Homicidal, or can be ascertained as the cause. Always qualify all rhage," "Inanition," "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure." "Haemorsymptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia." causing death), 29 ds.; Bronchopneumonia use of "Tumor" for malignant neoplasms); Measles; Nomenclature of the American Medical Association.) Poisoned by carbolic acid-probably suicide. State cause "PUERPUBAL septicaemia," "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite discase ary), 10 ds. Never report mere symptoms or terminal stated unless important. Example: Measles vulsious," Chronic interstitial nephritis, etc. The contributory (name origin; "Cancer" is less definite; avoid myes, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (secondary or Whooping cough; inqualified, is indefinite); Tuberculosis of lungs, men-FOR VIOLENT DEATHS State MICANS OF INJURY "Debility" ("Congenital," "Senile," etc.), for which surgical operation was underintercurrent) affection need not be Chronic valvulur heart (Recommendations on state-"Апаеттіа" Struck by railway discuse; (second-(disease (merely

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1832

mid

July

STATE OF MARYLAND—	CERTIFICATE OF DEATH 67436
1. PLACE OF DEATH	CERTIFICATE OF BEATIF
county and arendel C	rung (55) Registration Dist. No. 20
Village or City Deale, and	NoSt.,Ward
(If Length of residence in city or town where death occurredyrs,mos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?
2. FULL NAME Dorothy Louise	manifold
(a) Residence: No. Junth had (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 20, 193.2
50. If married, widowed, or divorced	(Month) ((Day) . (Year)
HUSBANO of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Nevel 26, 1932	I last saw h w alive on July 20, 1932; death is said
7. AGE Yoars Months / Days If LESS than	to have occurred on the date stated above, at .S. Pm.
25 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	manutin - Date of onset
SAWYER, BOOKKEEPER, etc.	
99 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
U 10. Date deceased last worked at 11. Total time (years)	
this occupation (month and year) occupation occupation	
Olive a 1 . 7 -	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4	mulilion
13. NAME John Manifold 14. BIRTHPLACE (city of town). Deale high	primarine !
14. BIRTHPLACE (city of town) Dull Nid (State or country)	Name of operation
15. MAIDEN NAME Edna Statlings.	what test confirmed diagnosis? — — — — — — — — — — — — — — — — — — —
16. BIRTHPLACE (city or town) A. A. Coufity	Accident, suicide, or homicide? Date of injury19
(State or country)	Where did Injury occur?
17. INFORMANT Order Malleugh!	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMAPTON, OR REMOVAL Cendey July 1,352	Manner of injury
19. UNDERTAKER Dorsey Stellings.	24. Was disease or Injury In any way related to occupation of deceased?

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

(Signed)

(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ogo
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ogo
AUG 10 E			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING.
H UNFADING INK---THIS IS A PERMANET RECORD TH UNFADING INK---THIS IS WRITE PLAINLY, V

7. S. No. 1

- 1		
rsi-	PLACE OF DEATH	STATE OF MARYLAND
Ti	County Unive Urundel	93-CERTIFICATE OF DEATH
Υ, ied.	10	Registration Dist. No. 2/
(ACTL) classifi ate.	Village or City Shoreacres, (No. May	yothy River St.: Ward) (If dooth occurred in a hospital or institution, give its NAME in-
ated EXAC operly class certificate	2 FULL NAME Steury L. Ma	rburger stead of street and number.)
ope	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
be st be pr ck of	MARIED, WIDOWED. Married	16 DATE OF DEATH Quely 1 1932
may n ba	6 DATE OF BIRTH	17 I HEREBY CERTIFY That I attended the decessed from
S o	Sept 13 1870	193 7. to Jul 1937
tha	(Month) (Day) (Year)	and that death occured on the data stated above, at alter T 60 m.
led ACE is so that struction	7 AGE If LESS than I day	The CAUSE OF DEATH * was as follows:
uppl term	B OCCUPATION (a) Trade, profession or	Columnia Myreautitis
ly s	particular kind of work Clarelany V Charles	
eful n pl tant	business, or establishment in level , Salmon &	(Duration) Zyrs 19804 de.
be car ATH I	9 BIRTHPLACE (State or country) Balk · Md	Contributory Man deal manyfreding (Duration) yrs I nice ds.
F DE	10 NAME OF Charles Marburges	(Signed) Waste & Die M. D.
CO W	M 11 BIRTHPLACE OF FATHER	7 1 193 Y (Address) 1013 Process On the William Posts of the Control of the Contr
tion Aug	C 12 MAIDEN NAME ()	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
te C	of Mother Wina Schutz.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
infor	13 BIRTHPLACE OF MOTHER (State or country) Granding	At place In the of death yrs. mos. ds. Stale yrs. ds.
of of	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
sho	(Internal Fatherine S. Masburger	Former or usual readence
IANS IANS	(Address) 4009 Mainl, avel.	Soudon Park, July. 4. , 18 37
B E.	15 Filed 7-1 182 2-a- Being	1 Mus. John W. Teufel Son 80/W. Fayettes
2	If more blanks are needed, addross State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. gaged in domestic service for wages, as Serumt, Cook to report ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; if nature of the business or industry, and therefore an eases, especially in industrial employments, it is neces-Civil engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a first line will be sufficient, e. g.. Farmer or Planter, Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. yrs). without more precise specification as Day specifically the occupations of Compositor, Architect, For persons who have no occupation (b) Automobile Stationary freman, etc. If the occupation has been changed factory. The materia Locomotive engineer But in many (b) Grocery; persons en-Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite syncnym is "Epidemic cerebrospinal meningitis"); Diphlheria (avoid use of "Croch"); Spinal meningitis"); Diphlheria (avoid Pneumonia"); Johar pneumonia, Bronchopneumonia ("Pneumonia,");

BUREAU

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritantits," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage," "Inanition, stated unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." carbolic acid—probably suicide. The nature of the injury, as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 da.; Bronchopneumonia (secondary) (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menapproved by accident; Revolver wound of had homicide; Poisoned by American Medical Association.) (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train Whooping "Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY interstitial nephritis, " "Marasmus," "Old Age," "Shock," cough; Committee on Nomenclature Chronic etc. The contributory valvular heart disease Measles,

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A. I the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

	STATE OF	MARYL	AND-	-CERTIF	ICATE	OF	DEATH	0743
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County Stady	1. PLACE OF DEATH	
Village or City Shady Section 1. Ward Langth of residence in city or town where death occurred	County a - a -	Registration Dist. No. 26
Length of residence in city or town where death occurred. (a) Residence: No. (b) Residence: No. (c) Res	Village or City Shady Side	No. St., Ward
2. FULL NAME PLACE (a) Residence: No. Shady Sidt (b) Residence: No. Shady Sidt (b) Residence: No. Shady Sidt (b) Residence: No. Shady Sidt (c) Residence: No. Shady Sidt (c) Residence: No. Shady Sidt (c) Residence: No. Shady Sidt (d) Residence: No. Shady Sh		
(a) Residence: No. Shadh state (ClusyPlace of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word) 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 4. COLOR OR RACE OR DIVORCED (write the word) 4. COLOR OR RACE OR DIVORCED (write the word) 5. LI MERITHAL (Word), day and year) 5. LI MERITHALACE (city or town). An Addy 5. COLOR OR DIVORCED (write the word) 6. DATE OF BIRTH (month, day, and year) 7. Moonths: 4. Color or DIVORCED (write the word) 8. SEX 5. WERE BOOKKEFER (WINER, SAWYER BOOKKEFER, WINER, SAWYER BOOKKEFER, WINER, SAWYER BOOKKEFER, DIVORCED (write the word) 8. SEX 5. WERE BOOKKEFER (WINER, SAWYER, BOOKKEFER, WINER, S	of mil	
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3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) PROVINCED (write the w		
So. If married, widowed, or divoiced Harried and St. Harried a		
5.8. If married, withowed, or divoused Homestands (or) wife of the properties of the	OR DIVORCED (write the word)	21. DATE OF DEATH
HEREBY CERTIFY. That I attended decased from Arth (or) WIFE of Conviction and Con		(Month) (Day) (Year)
6. DATE OF BIRTH (month, day, and year) May, 4 88 4 7. AGE Years Months Days If LESS than 1 day	HUSBAND of // Harry / Marmos	
7. AGE Years Months Jays Jiday Jihrs Jor Jibrall Jays Jihrs Jor Jibrall Jays Jihrs Jor Jibrall Jays Jihrs Jor Jibrall Jays Jibrall	1 arma co	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Name		
Bernard France (city or town) Birthplace (city or town) Shady Side or country) Birthplace (city or town) Shady Side or country) Birthplace (city or town) Shady Side or country) Ciste or country Ciste or coun	49 ht e 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
SAWKEPER, BOOKEPER, etc. 9. Interestry or business in which hear was done, as SILK MILL, Sky MILL, BAKK, etc. 10. Died deceased last worked at the security of the security occupation (month and buly 9/3k spent in this occupation (State or country) 12. BIRTHPLACE (city or town) Shady Sids 13. NAME 14. BIRTHPLACE (city or town) Shady Sids Saw Sids or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) Shady Sids 16. BIRTHPLACE (city or town) Shady Sids 17. INFORMANT 18. BURIAL, CREMATION, OR RENOVAL Place Side or country 19. UNDERTAKER 10. Sids or cocupation 10. Second or country occurred in INDUSTRY, in HOME, or in PUBLIC PLACE 17. INFORMANT 19. UNDERTAKER 19. UND	8 Frade profession or particular	wera as follows: Date of onset
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17. INFORMANT Mr. H. Whath away Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Address) Shady fide Co Md 18. BURIAL, CREMATION, OR REMOVAL Place SI Paul Camb — Data July 15 , 19-39 Natura of injury 19. UNDERTAKER & H. B. Parkar — 24. Was disease or Injury in any way related to occupation of deceased? 240 (Address) 47 Washington — If so, specify (Signed) — M. D. 20. FILED 1844 13 , 19-39 — Les Thomas Amade (Signed) — M. D.	(State or country) Q-a-7C0 Md	Where did injury occur?
18. BURIAL, CREMATION, OR RENOVAL Place SI Paul Camb — Data July 15 , 19-39 Natura of injury Natura of injury 19. UNDERTAKER & HB Parkin (Address) 47 Waskington 24. Was disease or Injury in any way related to occupation of deceased? If so, specify (Signed) LW Daly M. D. Manner of injury Natura of injury Na		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
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19. UNDERTAKER & HB Parkin 24. Was disease or Injury in any way related to occupation of deceased? 240 (Address) 47 Washington CT If so, specify (Signed) Lev Lower h. M. D. 20. FILED USLY 13, 1932 Lev The MA (Signed)		
(Address) 47 Washington ST If so, specify 20. FILED 1814 13, 1932 Sed Thereb MD (Signed) Lev John M. D.	8.48.00	
20. FILED 1/16/19 13 19 J	19. UNDERTAKER	
	20 FILED MILLY 13 1932 South MA	(Signed) The fally has home.
If more blanks are needed, address State Revistrar, 24xx N. Charles Street Baltimore, Requesting 71 S. No. 4 4 - 1	Kegistrar.	(Address) Churchlon, Mg

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife im answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
	PRU (2	5 1932		
Other contributory causes of importance:	BURE	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenterilis	1 year	

CTATE OF MADVIAND CEDTIFICATE OF DEATH

1. PLACE OF DEATH	23
County Unice arendel	Registration Dist. No. 23
Village or City	ND. St., Wal (If death occurred in a hospital or iostitution, give its NAME instead of street and number) mos. ds. How long in U.S. If of foreign birth? yrs. mos.
Length of testache in city of tour where death occurred	
2. FULL NAME Bleveland ME Cond	
(a) Residence: No. furness (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word of marrie of marrie of marrie)	
5a. If married, widowed, or divorced	
(or) WIFE of Willie Jaylor.	22. I HEREBY CERTIFY, That I attended deceased fro
pov. 25 1892.	I last saw hain alive on July 17, 1932 death is so
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS tha	- (4050
· 39 7 23 1 day,	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance
2 Trade profession or particular	were as follows:
S. Hade, Profession, or Particular Services of Service	Mulesan any Juleanulois May 19
9. Industry or business in which work was done, as SILK MILL, Saud Saud. SAW MILL, BANK, etc.	The state of the s
this occupation (month and May 1952 spent in this 24	20
Occupation 1	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Lagranda Jong 19	
13. NAME William me Bridg	
I V	
(State or country)	Name of operation
	What test confirmed diagnosis? Melhance Was there an autopsy? The
	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
16. BIRTHPLACE (city or town)	Accident, suicide, or nomicide?
17. INFORMANT lullie Joylor. (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Wedgefulle Date 7/19/0,19	Nature of injury
19. UNDERTAKER Welstell Space & C. (Address) 108 who would be the state of the stat	24. Was disease or injury in any way related to occupation of deceased?
20, FILED Luly 19, 1932 Collottely Registral	(Signed) #Spargor M. (Address) Halethoof M.

V. S. No. 1

should state item of infor-

PHYSICIANS RECORD. Even

EXACTLY. PERMANENT BINDING

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AGE should be

mation should be carefully supplied.

PLAINLY,

B.—WRITE

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UNFADING INK-THIS MARGIN RESERVED

FOR

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1916	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	NGBARCE -	
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
Ł.		
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

1	RE		Exa	
THE PROPERTY OF THE PARTY OF TH	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RE	mation should be carefully supplied. AGE should be stated EXACTLY.	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exa	
TOTATO	S IS A PE	stated E	properly	TION is very important. See instructions on back of certificate.
7	-THIS	ad bli	ay be	ick of
1000	INK	E shor	t it m	on pa
141 17	DING	AGI	se tha	ctions
TOATE	INFAI	pplied.	erms,	instru
	TH L	lly su	plain t	. See
Į	Y, W	carefu	H in	ortant.
	AINL	ld be	DEAT	y imp
	TE PL	noys.	E OF	is ver
	-WRIT	mation	CAUS	LION

V. S. No. 1 B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH						
1. PLACE OF DEATH							
County Clause Coundel	Registration Dist. No. 2/						
Village or City dong tout	NoSt.,Ward						
(If Length of residence In city or town where death occurredyrs,mos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.						
2. FULL NAME Sarah Jane	Michael						
1/21/ Baidhe dun Rd							
(a) Residence: No. 444 (Usual place of abode)	If nonresident give city or town and State						
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH						
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5. If married, widowed, or divorced	21. DATE OF DEATH July 2444 (Year)						
HUSBAND of Char. F. Michael	22. I HEREBY CERTIFY, That I attanded deceased from						
6. DATE OF BIRTH (month, day, and year) 7. AGE Yaars Months Dags If LESS than 1 day,hrs. ormin,	l last saw h						
9 Trade profession or particular	Date of onset						
kind of work done, as SPINNER, Lauren fa	Clarific and ac determine						
kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and this poculation (month and spent in this							
TO. Date deceased last worked at this occupation (month and spant in this occupation							
12. BIRTHPLACE (city or town) Dale on State or country)	Other Contributory Causes of importance:						
E 1 1300 - 100.							
(State or country)	Name of operation						
	What test confirmed diagnosis? Was there an autopsy? Re-						
15. MAIDEN NAME May 16. BIRTHPLACE (city or town) (State or country) 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicida?						
17. INFORMANT Nav. F. Ruichael (Address) 4914 / Ceistentown R1.	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.						
18. BURIAL, CREMATION, OR REMÓVAL Place Production Date July 271982	Manner of injury						
19. UNDERTAKER Harry Election (Address) Beffine and.	24. Was disease or injury in any way related to occupation of deceased? If so, specify						
20. FILED 7-24, 19 82 2. a. C. Cley-	(Address) Danden Zud.						

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PLACE OF DEATH STATE OF MARYL CERTIFICATE OF DEATH Registration Dist. No. classifle Ward) (If death occurred in a hospital or institu-tion, give its NAME in-stend of street and certificate number.) properly of certifi PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE 15 DATE OF DEATH MARRIED. pe pe may be WIDOWED. OR DIVORCED pinons (Write the word) 6 DATE OF BIRTH instructions ACE s (Month) (Day) (Year) 7 AGE Ilf LESS than 0 supplied 00 I day hrs. terms ds. or min.? Ш (a) Trade, profession or particular kind of work œ carefully H in plain (b) General nature of industry business, or establishment in which employed or (employer) Contributory 9 BIRTHPLACE Secondary AT RGI (State or country) EA PO 10 NAME OF Shoul E OF U. 0 11 BIRTHPLACE Volent Causes, state (1) Means of Injury and coidental, Suicidal or Homicidal. CAUSE OF FATHER ation ATIOI (State or country) 12 MAIDEN NAME 00 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-4 OF MOTHER inform state ccuP/ ients or Recent Residents) CCU 13 BIRTHPLACE At place of death yrs. mos. ds. In the OF MOTHER 0 of T Where was disease contracted, item of of if not at place of death? ... sual residence Every it CIANS stateme DATE OF BURIAL If more blanks are needed 'address State Registray, 16 W. Sapatoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (0) fulness of various pursuits can be known. The quescupation is very important, so that the relative health state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook en at home, who are engaged in the duties of the additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return 'Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer. Housemaid, etc. Foreman, etc., For many occupations a single word or term on yrs). Form laborer, Laborer-Coal mine, etc. Wom7 without more precise specification as Day For persons Stationary fireman, etc. Totton mill; (a) Salesman. (b) Grocery; (b) Automobile foctory. The material If the occupation has been changed who have no occupation Locomotive engineer, But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia. Bronchopneumonia ("Pneumonia,")

0

Recommendations on statement of cause of telanus) may be stated under the head of "contributory." as fracture of skull, carbolic acid-probably suncide. The nature of the injury, Examples: Accidental drowning; Struck by roilway train stated unless important. Example: Measles (disease apprident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy." "Collapse," "Coma," "Convulsions," or as probably such, if impossible to determine definitely, "PÜERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on American Medical Association.) (name origin; "Cancer" is less definite; avoid cause for which surgical operation was under-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic and consequences (e.g., sepsis; Corcinoma, etc. valvular heart disease; Nomenclature The contributory Sarcomu,, Mousles ;

If this certificate is looked over thoroughly and all questions answered in derail, it will prevent further correspondence. A lithe data is essential and must be obtained before the certificate is permanently filed.

TION is very important. See instructions on back of certificate.

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH 074	14	1
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1. PLACE OF DEATH			(202-9)
County Chant Ur	under		Registration Dist. No.
Village or City Commontal	Sig	Eldend	No. 10 RTD St., Ward
Length of residence In city or town where d	eath occurred		death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U. S. if of foreign birth?yrs,
2/	1 he		
2. FULL NAME Oduson	124	1919	
(a) Residence: No.	(Usual place o	of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTI	CAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARR OR DIVORCED	RIED, WIDOWED, (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced			(lorest
HUSBAND of Cor) WIFE of Was Nr.	ay.		22. I HEREBY CERTIFY. That I attended deceased from 1932, to 19
6. DATE OF BIRTH (month, day, and year)			liast sawh; death is said
7. AGE Years Months	Days	If LESS than	to have occurred on the date stated above, atm,
64 rendains	12.	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	armer/		Falling Tunger a f
Andustry or business in which	W F 2 E 2 DU 2 E 2 E 4 E 5 E		Miran Fala Machanas
work was done, es SILK MILL, SAW MILL, BANK, etc	11 7-2-12:-		
this occupation (month end year)	11. Total tir	ne (years) tin this pation	academial
			Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	ell		
13, NAME Pararlelor reated	et		
13. NAME (MOTOLATER) 14. BIRTHPLACE (city or town)			Name of operation Date of
(State or country)			What test confirmed diegnosis? Was there an autopsy?
LE 15. MAIDEN NAME			23. If death was due to external ceuses (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town)			Accident, suicide, or homicide? Date of injury, 19
∑ (State or country)		0	Where did Injury occur?
17. INFORMANT Frank Beruvener			(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	2/11	- 35	Manner of injury
Place	Date	,19	Nature of injury
19. UNDERTAKER R.J. William	ms/r	Hou	24. Wes disease or Injury In any way related to occupation of decessed?
(Address) Wales	way !		If so, specify OEANEA hoh Janaan Corneals o
20. FILED / / J / \$ 419	1) 10	Registrar.	(Signed) Saya Grand M.D. (Address) Salada M. M. G.
If more	blanks are moded at	Line State Paris S	AND CHAIR CHAIR BUT BANK BANK

f more blanks are needed, address State Registrar 2411-N. Charles Street, Baltimore, Requesting U. S. No. z.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example LEIVE		Example II	
of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
ATIETIOSCIETOSIS	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gostroenteritis	1 year

CAUSE OF DEATH in plain terms, so that it may be properly classified.

See instructions on back of certificate.

TION is very important.

STA

TE OF	MARYLAND—CERTIFICATE OF DEATH	07443
	2.2	

1. PLACE OF DEATH	The state of the s	
County a - C - Shad	y Side Registration Dist. No. 21	
Village or City amafectes	ND. EIVER G. ENCY TOFFULE. Of death occurred in a horpital or institution, given a NAME instead of street and number	Ward
	s. How long in U.S. If of foreign birth? yrs. mos. mos.	
2. FULL NAME MYNAMAS NICK		
(a) Residence: No. Shady sides a a co. mid	St., Ward.	
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH	
3. SET 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the Mord)	21. DATE OF DEATH July (Pay) (193	2
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended decease	ed from
6. DATE OF BIRTH (month, day, end yeer) 7. AGE Years 1918 1019	I last saw h alive on, 19, deatl to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH end related causes of importence were es follows:	
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BDOKKEEPER, etc. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc 10. Date deceesed last worked at this occupation (month and year)	Intestinal Infolueiza Jul	olonset
12. BIRTHPLACE (city or town) Shady Side . Mud	Dther Contributory Causes of importance:	1.0/
13. NAME ENTINE NCR 14. BIRTHPLACE (city or town) Shady Side //Ld	19	32
[Stale or country]	Name of operation Date of Was there an aulopsy	
15. MAIDEN NAME Carrie VELLS 16. BIRTHPLACE (city or town) I hady Sade (State or country)	23. If death was due to external causes (ViOLENCE) fill in also the following: Accident, suicide, or homicide?	
17. INFORMANT & ESOME RICK MICK	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
Place IT Mother Contre July 11, 19 32	Manner of injury	
19. UNDERTAKER & HB Parker	24. Wes disease or injury In any wey related to occupation of deceased? If so, specify	
20. FILED IS 11 , 19.32 fray G C of Registrar.	(Address) Quaperto me	M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e.g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example DEIVE		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis DIID WATE V	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis .	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITION	AL SPACE FOR FU	RTHER STATEMEN	NTS BY PHYSICIAN	

ERTIFICATE OF DEATH

(Signed).

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

	1 2 1	1		STATE	OF MAR	YLAND-	-C
	state UPA	1	. PLACE OF I	DEATH	~	9-	
V)		1	County	Cu. 1	1. 60	,	
1	should of OCC		Village or City_	finn	apolis		ii dea
	٠ يور د		Length of resident	city m town when	re death occurred	yrsmo	
	Every MANN ement	1	. FULL NAME	Nach	els le	· Wille	n
	ORD. Ever HYSICIAN t statemen		(a) Residence:	No. /02.	(Usual place	of abode)	
1	RECO. PH Exact		PERSONAL	AND STATIS			
3	r re Y. Ex	3.	SEX 1	COLOR OR RACE	5. SINGLE, MAR OR DIVORCE	RIED, WIDOWED,	2
G	T L ed.	Sa.	If married, widowed,	or diverced	we	ou.	-
DIN	RMANEN X A C T classified		HUSBAND of (or) WIFE of	withe	u 7. (Merre	22
BIN		6.	DATE OF BIRTH (mor	nth, day, and year)	Feb. 2.	21-1863	1
	A PE ted E perly ificate	7.	AGE Yeers	Months	Days	If LESS than 1 day,hrs.	t
FOR	IS A I stated proper certifica	1_	67.	1 4	12/	ormin.	
	HIS pe 1	NOL	8. Trade, profession kind of work SAWYER, BO	n, or particular done, as SPINNER, OKKEEPER, etc	An		-
RVI	should it may n back	OCCUPATION	9. Industry or busi	ness in which ne, as SILK MILL, SANK, etc	Wuse	ul	
ESERVEL	INI t it	000	10. Date deceased la	ast worked et on (month and		time (spars) ent if this upetion	
P.	AGE That that			h.		T10	
Z	NFADING pplied. AGF erms, so tha instructions	12.	(State or country)		mell	r do	-
1RC	supplied.	TER.	13. NAME	mon	1 4/	atking	
N.	T - 70	FATHER	14. BIRTHPLACE (cit (State or cou		nce &	leorge.	
	117	2	15. MAIDEN NAME	Bliggin	4	1 1	- 1
	X, WITH carefully [H in plan ortant.	MOTHER		y or town) Ps	1.	Doveds	
	AINLY, WI d be careful DEATH in p	Σ	(State or cer		me	13.6	- \
) (h	400	17.	INFORMANT 102 (Address) 5	railes	Gen Con	in	- 3
	Sh Sh	18.	BURIAL, CREMATION	OR REMOVAL	Date Du	516,1032	1
	-WRITE mation sh CAUSE (-	Tiace-G-sanza	1606	O L	11.00	
No. 1	TOB	19.	UNDERTAKER (Address)	maro	Tus, 6	mid.	- 24
ໝໍ	E P	20.	FILED kuly	16.19.52	myles	9 co 200	
>	Z	1	0	.,	/	Registrar.	1

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis AMG 6 183	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V.S.	9			
Other contributory causes of importance:	S SHOWARD	Other contributory causes of importance:	Edition .	
Gallstones	May 1,1923	Gastroenteritis	1 year	

See instructions on back of certificate.

TION is very important.

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STATE OF MARYLAND-CERTIFICATE OF DEATH

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	ъ.	Sh	15	-6

1. PLACE OF DEA	ATH			(97)
County Anne	e Arunde	1		Registration Dist. No. 21
Village or City	Crownsvi	lle Sta	te Hospit	al No. St., Wa
Length of residence in	city or town where	death occurred		death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME		s Parke		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
			Maryland	Ot Wand
(a) Residence: No.		(Usual place		St., Ward. If nonresident give city or town and State
PERSONAL A	ND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
male 4. cou	or or race black	OR DIVORCE	RIED, WIDOWED, D (write the word) Tied	21. DATE OF DEATH July 11th (Month) (Oay) (Year)
5a. If married, widowed, or di HUSBANO of (or)-WifE of M	vorced aggie Pa	rker		22. I HEREBY CERTIFY, That I attended deceased fr July 21st 19 12 to July 11th 19 3
6. DATE OF BIRTH (month, d	en and near)	1869		last saw h im alive on July 11th 19 32; death is s
7. AGE Years 63	Months Unkn	Oays	If LESS than I day,hrs. ormin.	to have occurred on the date stated above, at 11:39n. The PRINCIPAL CAUSE OF DEATH and related causes of importance
2 Trade profession or	particular a. as SPINNER. A h	1	(OI RIIII)	were as follows: General Arteriosclerosis Date of a
kind of work don SAWYER, BOOKKI 9 Industry or business work was done, as SAW MILL, BANK 10 Date deceased last w	in which SILK MILL,			
10. Date deceased last w this occupation (m year)	onth and	spe	ime (years) nt in this upation	
12. BIRTHPLACE (city or town (State or country)) Maryl	and		Other Contributary Causes of importance: Senility ?
Tho	mas Park	er		
13. NAME TOO 14. BIRTHPLACE (city or (State or country)		Virgini	8	Name of operation Oate of Was there an autopsy?
15. MAIOEN NAME	Mary Can	pbell		23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME 16. BIRTHPLACE (city or (State or country)		Unknown		Accident, suicide, or homicide?
17. INFORMANT H	ospital rownsvil	Records le, Mar	ylend	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR	REMOVAL) /// .	82,19	Manner of injury
19. UNDERTAKED) - (Address)	drown	uter Od	e supp	24. Was disease or injury in thy way related to occupation of deceased?
20. FILEO 7/1/. 32	, 19	BOY	Registrar.	(Signed) (Address) Ownsville Merylund
	If more	blanks are needed, a	address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

B.-WRITE PLAINLY,

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	11	Example	II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death an of importance were as follows:	d related causes	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	MI 8 5111A	1 week ago
Chronic interstitial nephritis	1921	Run over by street car		1 week ago
Cerebral heworrhage	July 5,1927	Peritonitis	AIBDE.	3 days ago
Other contributory causes of importance:		Other contributory causes of imp	ortance:	
Gallstones	May 1,1923	Gastroenteritis		1 year

BINDING

RECORD.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH County Anne Aruhdel Registration Dist. No. 97 Village or City Magothy ND.

(If death occurred in a hospital or institution, give its NAME instead of street and number) 2. FULL NAME (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH July IIth OR DIVORCED (write the word) male married negro (Year) 5a. If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY. That I attended deceased from (or) WIFF of Katherine Pratt _____ 19____ to____ 6. DATE OF BIRTH (month, day, and year) 7. AGE Months If LESS than 1 day, hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance or min. Date of onset 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. Chronic mvocarditis OCCUPATION Laborer Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.____ 10. Date deceased last worked at this occupation (month and 7 11. Total time (years) spent in this Other Contributory Causes of importance: 12. BIRTHPLACE (city or town)_____ Kent Co. Coronary embolism (State or country) FATHER 13. NAME Abraham Prat 14, BIRTHPLACE (city or town) (State or country) MOTHER 15. MAIDEN NAME unknown 23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?______ Date of injury______ 19 16. BIRTHPLACE (city or town) (State or country) (Specify city or town, county and State) Katherine Pratt Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. 17. INFORMANT. P.O Pasadeha. (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury Nature of injury James A. Haves 19. UNDERTAKER __ Baltimore. If so, specify Registrar.

7. S. No. 1

2

carefully

important.

OF DEATH

CAUSE

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find

out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	S Date of onset	
Arteriosclerosis AUC 6 1437	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage U.H.E.A.U 4.5	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

FOR BINDING MARGIN RESERVED

1. PLACE OF DEATH	24	(183)	44
County Clar	e arunter	Registration Dist. No.	-/
Village or City 5/	my Creek	NDSt.,	
Length of residence in city or	//	(If death occurred in a hospital or institution, give its NAME instead of street and los	
2. FULL NAME	Pal- Sile	Qual	
/	134 1 '	ough Ward Ballinose.	2
(a) Residence: No.	(Usual place of abode)	If nonresident give city or town an	d State
PERSONAL AND S	TATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR	on hivenorn ('. th	21. DATE OF DEATH) (HORTH) (Day)	, 193.
Sa. If married, widowed, or divorced HUSBAND of		22. HEREBY CERTIFY, That I ettender	
(or) WIFE of			
6. DATE OF BIRTH (month, day, and	year) July 10t. 192	6 I last saw h alive on	
7. AGE Years	Months Days If LESS than	to have occurred on the date stated above, etm.	
4	/8 I day,hi ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date
8. Trade, profession, or particukind of work done, as SF SAWYER, BOOKKEEPER,	ar INNER,	Accidental of rownin	
■ ■ Industry of Dusiness in Whice	h .	The state of the s	2
SAW MILL, BANK, etc			
O this occupation (month ar	d spent in this		
year)	occupation	Other Coutributory Causes of importence:	
12. BIRTHPLACE (city or town) (State or country)	Va.		
13. NAME Janu	or andrew tug	1	
13. NAME 14. BIRTHPLACE (city or town).	1 dichound	Name of operation Dete of _	
(State of country)	7	What test confirmed diagnosis? Was there an	autops
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	our foruso	23. If death was due to external causes (VIOL ENCE) fill in also the following	ng:
16. BIRTHPLACE (city or town)	Mchained Va-	Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or town, county and State)	
State or country)			
17. INFORMANT (Address) 1904	quipused ove.	Specify whether injury occurred in INDÚSTRY, in HOME, or In PÚBLIC P	LACE.
18. BURIAL, CREMATION, OR REMO	AL 1/2 5 5	Manner of injury	
Place / dechu	Date 1 - 29 , 19.3	Nature of injury	
19. UNDERTAKER Ben	nd a. Find	24. Was disease or injury in any way related to occupation of deceased?	
(Address) Back	e Tenare . hel.	If so, specify	
20. FILED 7-28 ,190	2 Z. a. US lega	(Signed)	n)
-	Registrar.	(Address)	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II		
The principal cause of importance were Arterioselerosis	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of cpilepsy	Date of onset	
Chronic interstitial ne		1921	Run over by street car	1 week ago	
Cerebral hemorrhage		July 5, 1927	Peritonitis	3 days ago	
	BUREAU V. 3	-			
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

	CERTIFICATE OF DEATH					
1. PLACE OF DEATH	(95-6)					
County & G	Registration Dist. No. 33					
Village or City & anorel	No. Rasa Rel St., Ward					
(If Length of residence in city or town where death occurredyrsmos.	death occurred in a horpital or institution, give its NAME instead of street and number)					
2. FULL NAME William purper	8					
	01 111-11					
(a) Residence: No. forward (Usual place of abode)	St., Ward. If nonresident give city or town and State					
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH					
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Lesley (6 ,193 2 (Year)					
5a. If married, widowed, or divorced HUSBAND of						
(or) WIFE of heavy bucher	1 HEREBY CERTIFY, That I attended deceased from					
	last sawh as alive on seelled 6 1937 death is said					
6. DATE OF BIRTH (month, day, and year) 8 70 Way 2 5 7. AGE Years Months Days If LESS than	I last say h alive on					
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance					
8 Trade profession or particular	were as follows:					
8. Trade, profession, or particular kind of work done, as SPINNER, Laborer.	acute hephriles 27/12					
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.						
9 .29						
O 10. Date deceased last worked at this occupation (month and leg) 11. Total time (years) spent in this year) occupation occupation						
(ned	Other Contributory Causes of importance:					
12. BIRTHPLACE (city or town) City Bull.	Seast Pessone 2 days					
13. NAME Sauge Surpri	Name of operation. Muse Date of					
(State or country)	What test confirmed diagnosis? Management Was there an autopsyllul					
15. MAIDEN NAME MUSICA COLLEGE	23. If death was due to external causes (VIDL ENCE) fill in also the following:					
15. MAIDEN NAME MURY JONES 16. BIRTHPLACE (city or town) Muse (State or country)	Accident, suicide, or homicide? Date of injury19					
(State or country)	Where did injury occur?					
17. INFORMANT Of an Tusker	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.					
18. BURIAL, CREMATION, DR REMOVALO + mln 7 3	Manner of injury					
Place telmiltup Certing Date 19	Nature of injury					
19. UNDERTAKER Bernard 4 Jank; Address) 78 Washyt Breken no.	24. Was disease or injury in any way related to occupation of deceased? W					
20. FILER My 7. 1933 Derog gran	(Signed) Personal I Glam M.D. (Address) \$108 16 week Hung Rd					
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1						

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Mau 1.1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
				4		

See instructions on back of certificate.

TION is very important.

Exact statement of OCCUPA-

1. PLACE OF DEATH							82-10		
	County Anne Arundel						Registration Dist. No. 27		
	Village or City Annapolis						NoSt.,	Ward	
	Length of residence in city or town where death occurredyrsmos						death occurred in a hospital or institution, give its NAME instead of street and nun ds. How long in U.S. if of foreign birth?yrsmos	iber)	
2	. FULL N	AME	Margar						
	(a) Reside	ence: No	79 E	ast S		et of abode)	St., Ward. If nonresident give city or town and Sta	ate	
	PERSO	NAL AN	D STATIST	TICAL P	ARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH		
-	SEM 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (registe the word) Married				VORCED	(regrite the word)	21. DATE OF DEATH (Morth) (Day)	98)	
5a.	If married, wide HUSBAND of	owed, or dive	orcad						
	(or) WIFE of	Wi	lliam R	ay			1 HEREBY CERTIEY, That I attended dec	19 3. &	
6. 1	DATE OF BIRTH	i (month, da	y, and year) U	nknov	vn		Hast saw har alive on Trus 8, 193 2;	leath is said	
7.	AGE Years Months Days If LESS than 1 day,h				ayş	If LESS than I day,hrs. ormin,	The I KINCH AL CAUSE OF DEATH and related causes of importance		
NC	8. Trade, pro- kind of	work done,	as SPINNER,	House	wi f		were as follows:	Date of onset	
OCCUPATION	. 9. Ladustry of	R, BOOKKEE r business in vas done, as :	n which	iio ab			- figures		
OCCI				span	me (years) tin this pation				
12.	BIRTHPLACE ((Stata or co		Anne	Arund		Co.	Other Contributory Causes of importance:		
~	13. NAME		mas Owe		4.0		Cours - James		
FATHER			Anne		ndel	Co	Name of operation Date of		
FA	14. BIRTHPLA (State	or country)	own)Titteer		Md.		What test confirmed diagnosis? Was there an aut		
IER	15. MAIDEN N	AME	Unknow	m			23. If death was due to external causes (VIOLENCE) fill in also the following:		
MOTHER	16. BIRTHPLA (State	CE (city or to	Unk	nown			Accident, suicide, or homicide? Date of Injury Where did Injury occur?	., 19	
17. INFORMANT William Ray (Address) 79 East Street							(Specify city or town, county and Stata) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	ī.	
18. BURIAL, CREMATION, OR REMOVAL Place Brewer Hill Date July 11th, 32						11th, 32	Manner of injury		
19. UNDERTAKER John M. Taylor (Address) Anna polis, Md.							24. Was disease or injury in any way related to occupation of deceased?		
20.	20. FILEOUS 1/ , 19 3 2 3 2 7 4 C - 8 - 9 NED Registrar.						(Signed) (Si	M. D.	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. Do. 1.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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	Example II	Example I					
ate of onset	principal cause of death and related causes portance were as follows:	The principal cause of death and related causes Date of onset of importance were as follows:					
1 week ago	of epilepsy	1915	Arteriosclerosis - CEIVED				
1 week ago	ver by street car	1921	Chronic interstitial nephritis				
3 days ago	nitis	July 5,1927	Cerebral hemorrhage				
104		E .	BUREAU V.S.				
	contributory causes of importance:	1	Other contributory causes of importance:				
1 year	enteritis	May 1,1923	Gallstones				
	contributory causes of importance:	1	Other contributory causes of importance:				

STATE OF MARYLAND—CERTIF	ICATE OF DEATH
1. PLACE OF DEATH	- [93)
County Mandal Land Add Land Land	Registration Dist. No.
Village or City Tet Secretary of Manual No.	a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ow long In U.S. if of foreign birth?yrsmosdo
2. FULL NAME SUSPEM WWW. I CELEMORAN	
(a) Residence: No. For Groupe G. Mhade, St.,	Ward.

Length of residence in city or town where death occurred	nos. 20 ds. How long In U.S. if of foreign birth?
2. FULL NAME Sossals win Reels	rolds
(a) Residence: No. For Grove a Mind	E, St. Ward.
(Hsual place of abody)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Cla Grace Reynolos	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Dec 16-1881	I last saw halive on
7. AGE Years Months Days If LESS than	to have occurred on the date stated above at 5:00 9 m.
5/ 7 2 1dey,h	THE TRIBLET AS CAUSE OF PERTINANCE OF THE PROPERTY OF THE PERSON OF THE
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Date deceased last worked at this occupation month and year) 11. Total time (years) spant in this occupation.	Sustantly Relief by Oate of onest Out of the Court of th
12. BIRTHPLACE (city or town) Balta Go. MA.	
13. NAME Lolm to Reynolds	
14. BIRTHPLACE (city or town) / A Shanglan D. C.	Name of operation
15. MAIOEN NAME / Emrettal Summi	23. If deeth wes due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country) 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Ascident Oate of Injury Suly 20, 19.5.2 Where did injury occur? M. Cans. G. Mrad. (Ann. Brinds les.) Wo (Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
17. INFORMANT CO. W. C.	Specky whether injury occurred in INDUSTRY, In HOME, or in Public Place.

Country

19. UNDERTAKER

(Address) 20, FILEO, Registrar. Manner of injury Nature of injury

24. Wes disease or injury If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

-WRITE PLAINLY,

B.

ż

V. S. No. 1

TION is very important.

Case reported to the Bureau of the Census.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows.	Date of onset		
Arterioselerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
BURDA					
Other contributory causes of importance:		Other contributory causes of importance:	11 2 3		
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
--

1 PLACE OF DEATH County Rune Rungle	STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No. 2/
Village or City Surge (No. 1904) 2FILL NAME Llorge Roh	Ward) (If death occurred I a hospital or institution, give its NAME in stead of street annumber.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DAYE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1927 to 1937 that I last saw h imalive on 1937
7 AGE Plant 5 yrs. mos. ds. or min.?	
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	Deagnosio Jian autofry (Duration) Noffkhaum de
9 BIRTHPLACE (State or country) Wat Known	Contributory Secondary (Duration) yra, moa de
10 NAME OF FATHER NOT KNAWN	(Signed) Walley Hoffers M. D.
OF FATHER (State or country) 12 MAIDEN NAME (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causea, atate (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER NAT Ryswn	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death yrs mas 3 ds. In the State yrs mos ds
(Informant) Home To the BEST OF MY KNOWLEDGE	if not at place of death? Former or usual residence
(Address)	Ball med, Date of Burial Ball 3, 1932
15 Files 1 1952 frogh (from Registrar	Januar Huroly Ballo Try
If more blanks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

14 7 1 8 13

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman. cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully em-Foreman, For many occupations a single word or term on without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

accident; Revolver wound of head-homicide; Poisoned by as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "contributory." (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by (Recommendations on statement of cause of death carbolic acid-probably suicide. The n ture of the injury, or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "(E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E::haustion," "Heart failure," "Haemorrhage," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; (name origin; "Cancer" is less definite; avoid Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, perilonaeum, etc., Carcinoma, Sarcoma, etc., of FOR VIOLENT DEATHS state MEANS OF INJULY Committee on Nomenclature of the Chronic valvular heart disease; nephritis, etc. The contributory Always qualify all

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1532

PHYSICIANS should state Exact statement of OCCUPA-

stated EXACTLY.

AGE should be

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

(Address)

mation should be carefully supplied.

N. B.—WRITE PLAINLY,

properly classified.

See instructions on back of certificate.

ECORD. Every item of infor-

STATE O	F MARYLAND-	CERTIFICATE OF DEATH	07451
1. PLACE OF DEATH		<u> </u>	
County aline Or	cuelel	Registration Dist. No.	20
Village or City Warns	vd.	No. St.	Ward
		f death occurred in a hospital or institution, give its NAME instead of street a	nd number)
Length of residence in city or town where de	ath pecuriedyrsmos	X	mosds.
2. FULL NAME	1 Lorus	x Harps-	
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town	16
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOB OR RACE	5, SINGLE MARRIED, WIDOWED,	21. DATE OF DEATH	
10	OR DIVORCED (write the word)	July 10	, 193
5e. If married, widowed, or divorced	Julyan	(Month) ((Day)	(Yeer)
HUSBAND of (or) WIFE of	,	22. I HEREBY CERTIFY. Thet I attend	led deceased from
		, 19, to	, 19
6. DATE OF BIRTH (month, day, end year)		I last saw h, 19	; death is said
7. AGE Years Months	Days If LESS than 1 day,hrs.	to have occurred on the date steted ebove, atm.	
	ormin.	The PRINCIPAL CAUSE OF DEATH and releted ceuses of importance were as follows:	Date of enset
8. Trede, profession, or perticular kind of work done, as SPINNER.	100		
SAWYER, BDOKKEEPER, etc	William	X 100 A	
a. work was done, es SILK MILL,		11/0/1/ 17	
10. Date deceesed lest worked et	11. Total time (years)	000-1	
this occupetion (month and year)	spent in this occupation		
12. BIRTHPLACE (city or town) Mar	· lace of	Dther Contributory Causes of importence:	
(State or country)	1 11	-	
I 13. NAME Dec	we Hearts		
13. NAME VOLUME 14. BIRTHPLACE (city or town). Mea	ruglaced.	Name of operation Date o	(
(State of country)		Whet test confirmed diagnosis? Wes there	an autopsy?
15. MAIDEN NAME Wagge	e Mackell-	23. If death was due to external ceuses (VIOLENCE) fill in elso the follow	wing:
15. MAIDEN NAME Maggi		Accident, suicide, or homicide? Date of injury	
E (Stete or country)	rylaight -	Where did injury occur?	
17. INFORMANT Were	the Hearts -	(Specify city or town, county and Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC	
(Address) A Harman	vd. Wefe.		
18. BURIAL, CREMATION, DR. REMOVALO	O July 15th	Manner of injury	
Place Marie Marie	Date 1902	Nature of injury	
1 - 6 01	M/2 0.	24 Was discours as injury if and all the state of the sta	

Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.

If so, specify (Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

		Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:		Date of onset	
1915	Attack of epilepsy		1 week ago	
1921	Run over by street car	i i i i i i i i i i i i i i i i i i i	1 week ago	
July 5,1927	Peritonitis	3001 OT SINV	3 days ago	
W	ST. C. Warren St. Co. Co. St. St.	auses of importance:		
May 1,1925	Gastroenteritis		1 year	
	1915 1921	of importance were a 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory c	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:	

ADDITIONAL	SPACE :	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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should state

PHYSICIANS Exact statement

stated EXACTLY. properly classified.

certificate.

TION is very important. See instructions on back of CAUSE OF DEATH in plain terms, so that it may

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AGE should be

mation should be carefully supplied.

-WRITE PLAINLY,

N. B.

of OCCUPA.

STATE OF MARYLAND-CERTIFICATE OF DEATH

67452

1. PLACE OF DEATH	950		
County Anne Arundel	Registration Dist. No. 21		
Village or City Anna polis	No. St., St., If death occurred in a hospital or institution, give its NAME instead of street and no	Ward	
Length of residence on city or town where death occurredyrs,mo			
2. FULL NAME Charles W. Smith			
(a) Residence: No. 200 Prince George St.	St Ward.		
(Usual place of abode)	If nonresident give city or town and S	State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH Suly 3/(Day)	193 Z (Yeer)	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Arabella W. Smith	22. July 3/ 1932, to July 3/	leceesed from	
6. DATE OF BIRTH (month, day, and yeer) Sept. 1, 1875	Plast saw his alive on Suly 31 ,1932		
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 8,50 m.		
56 2 30 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance wera as follows:	Data of onset	
8. Trade, profession, or particular kind of work done, as SPINNER, Furniture Store SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and seems)	acute dilatation of	2 hu	
SAW MILL, BANK, etc	heart		
12. BIRTHPLACE (city or town) Annapolis, (State or country) Md.	Other Contributory Causes of importance: auth Findiqueting	1/ /	
置 13. NAME William Smith	7	12.60	
13. NAME William Smith 14. BIRTHPLACE (city or town) A. A. County, (State or country) Md.	Name ef operation Date of What test confirmed diagnosis? Was there en autopsy?		
15. MAIDEN NAME Emma Hyde	23. If death was due to external causes (VIOL ENCE) fill in also the following:		
15. MAIDEN NAME Emma Hyde 16. BIRTHPLACE (city or town) A. A. County, (State or country) Md.	Accident, suicide, or homicide? Date of injury Where did injury occur?	, 19	
17. INFORMANT Charles Smith (Address) Annapolis, Md.	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.	
18. BURIAL, CREMATION, OR REMOVAL Place Cedar Bluff Date Aug. 3rd, 1932	Menner of injury		
19. UNDERTAKER John M. Taylor (Address) Annapolis, Md.	24. Wes disease or injury in any way releted to occupation of deceased?		
20. FILED Ling 1 , 1932 from C for a Registrar.	(Address) amby	M. D.	
If more blanks are needed, address State Registra	r, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
0.0				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

Z

TION is very important. See instructions on back of certificate.

OCCUPA-

	MAR	YLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH			108
County Anne Arunde	1		Registration Dist, No. 24
Village or City South Ri	ver		No. St., Ward
Length of residence in city or town where deat	h occurred		death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Mary Kat	e Smit	h	
(a) Residence: No. South F			St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTIC	AL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5.		RIED, WIDOWED, O (write the word)	21. DATE OF DEATH 25 199 32 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			22. I HEREBY CERTIFY. That atlended deceased from
6. DATE OF BIRTH (month, day, and year) Jul	Ly 19.	1869	(1 last saw h.l. elive on Suly 256, 19032; death is sald
7. AGE Years Months	Days	If LESS than 1 day,hrs.	to have occurred on the dete stated above, etm.
63 -	6	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	l 11. Total ti	me (yeers)	Joban Freuenoma
year) 12. BIRTHPLACE (city or town) Newbur (State or country) Newbur (13. NAME Nathan F. Smit	gh, ew Yorl	pation	Other Contributory Causes of importance:
	wburgh New	York	Name of operation
15. MAIDEN NAME Catherine I	Bostwic	ek	23. If death was due to external causes (VIOLENCE) fill In elso the following:
15. MAIDEN NAME Catherine Bostwick 16. BIRTHPLACE (city or town) Canada (State or country)			Accident, suicide, or homicide?
17. INFORMANT Jesse W. Smit (Address) South F	th River		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL N.Y.	Date July	7 28, 19 32	Manner of Injury
19. UNDERTAKER John M. Taj (Address) Annapol		•	24. Was disease or injury in any way releted to occupation of deceased?
20. FILED / 27 19 8 2 9-2	766.	Any 4 Zu	(Signed) VI LYSTELL M. D

Registrar.

Il more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arterioselerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

TION is very important. See instructions on back of certificate.

STATE	OF	MADVI	AND-	CERTIFI	CATE	OF	DEAT	L
SIAIE	UF	MARIL	AND-	CERIIFI	CAIL	Ur	DEAT	Г

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17.	1	4	5	4

1. PLACE OF DEATH	(83)
county anne arundel	Registration Dist. No. 2/
Village or City Costage From Co	Begon St. Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmo	sds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Lawrenge Engl	ne Court B
(a) Residence: No. 1643 Juessona M	St., Ward. Dall more, Ma
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (prite the word)	21. DATE OF DEATH July 14 4
mile wing a	(Month) (Day) (Year)
5a. It married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I attended dacaasad from
(or) WIFE of	
6. DATE OF BIRTH (month, day, end yaar) 0-12-1915	1 last saw h alive on
7. AGE Years Months Days If LESS than	to heve occurred on the date stated abova, at
17 1 day,hrs.	The PRINCIPAL CALISE OF DEATH and caleted causes of Importance
8. Trade, protassion, or particular	were as follows: Date of onset
SAWYER, BOOKKEEPER, atc. Of Give clarks	
9. Industry or business in which	
kind of work done, as SPINNER, Of Grace Clark SAWYER, BOOKKEEPER, atc 9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, atc 10. Date decessed last worked at	
11. Total time (years) this occupation (month and year spant in this	
year) occupation occupation	Other Coutributory Causes of importance;
12. BIRTHPLACE (city or town) & Jallings	
(State or country)	
13. NAME Howard N. Duck	
13. NAME Howard, Journ 14. BIRTHPLACE (city or town). Washington	Name of operation
(State of country)	What test confirmed diagnosis? Was there an europsy?
15. MAIDEN NAME Martha trances Bat	. It death was dua to axternal causes (VIOLENCE) fill In also the tollowing:
15. MAIDEN NAME Martha Frances Bat 16. BIRTHPLACE (city or town) / Baleria	Accident, suicide, or homicide? Date of Injury, 19
State or country)	Whare did injury occur?
17 INFORMANT / Cacanand S. South	(Specify city or town, county and State) Spacify whethar Injury occurrad In INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) 1643 Jackson H.	
18, BURIAL, CREMATION, OR REMOVAL	Manner of injury
Placa Pag Date Date 19	Nature of injury
19 UNDERTAKER Uku. Cook	24. Was disaasa or Injury In any way ralated to occupation of dacaasad?
(Address) Balernove. Hd.	If so, specify
20. FILED 7-14 132 Z.a. Bleion	(Gigned) M. D.
Registrar.	(Addrass) / ahdera . M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
130 HELE			
Other contributory causes of importance:	1= = 193	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

NT RECORD ITH UNFADING INK--THIS IS A PERMAN WRITE PLAINLY,

MARGIN RESERVED FOR BINDING

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	BEvery Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-	CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified, Exact	statement of OCCUPATION is very important, See instructions on back of certificate.	
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PLACE OF DEATH	STATE OF MARYLAND
County Q.Q,	CERTIFICATE OF DEATH
	(42-0)
Village or City Marley (No.	Registration Dist. No
2FULL NAME Garale Ju	steed of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED ON COLOR (Write the word)	16 DATE OF DEATH 7/16/, 1937 (Month) (Day) 6 (Year) 32
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) . (Day) (Year)	that last saw h alive on 7 19237
7 AGE [If LESS than	and that death occurred on the date stated above, at 6:50 [m.
1 day hrs	
yrsds. ormin.	
(a) Trade, profession or particular kind of work	Cultar Hewart 15
(b) General nature of industry business, or establishment in)
which employed or (employer)	Duration) yrs, mosds.,
9 BIRTHPLACE (State or country) Q. Q. P. M.	Contributory Secondary LULLING WEST AMPS 6 mos de.
10 NAME OF	OG Booto
11 BIRTHPLACE	Signed 1927 (Address) J. 19 N. Carvella
OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Sephene Hawking	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
IN THE ABOVE IS TRUE TO THE BEST OF MIT MITOWELDGE	Former or usual residence
(Informant) Wesley June	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Marly and	Furnace Branch July 19, 19 32
Filed 7/19 1923 & Doggm	James astayed Kiel St. Balt
If more bianks are needed, address State Registre	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Colton mill; (a) Salcsman, additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Ilousewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer,. Foreman, For many occupations a single word or term on yrs). Farm laborer, Laborerwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The -Coal mine, etc. (6) material Grocery, Wom-

s; inal meningitis"); Diphtheria (avoid use of "Croup"); to time and causation), using always the same accept-Statement of Cause of Death-Name, first, the DISed term for the same disease. Examples: Cerebrospinal EASE CAUSING DEATH (the primary affection with respect Typhoid fever (never report "Typhoid Pneumonia") (the only definite synonym is "Epidemic cerebropneumonia, Bronchopneumonia ("Pneumonia,

> diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Exhaustion," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; L. stated unless important Example: Measles (disease (secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles, (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-FOR VIOLENT DEATHS STATE MEANS OF INJURY cough; Committee on "Heart failure," "Haemorrhage," Chronic chopneumonia (secondary), etc. The contributory affection need valvular Nomenclature of the heart not be disease;

answered in detail, it will prevent further orrespondence. All the data is essential and must be obtained before the certificate is permanently filed.

PHYSI-	PLACE OF DEATH County Aunt Arundel (77)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No.
RECORD d EXACTLY priy classiff ficato.	Village or City. / Deufield (No. 2 FULL NAME UNKnown	St.: Ward) A lif death accurred in a hospital or institution, give its NAME intend of street and
tate	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
R.M. R.	S SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH Not Kussen, 192 (Month) (Day), (Year) 17 1 HEREBY CERTIFY, That I attended the deceased from
Sho sho	8 DATE OF BURTH	, 192, to, 192,
NNTHIS IS // supplied AGE in terms so that See instructions	7 AGE apparently from I day If LESS than to one welk of I day hrs. yrs	that I last saw h alive on
MARGIN RESERV VITH UNFADING II tion should be carefully AUSE OF DEATH in plai	particular kind of work. (b) General nature of industry who has a brown business, or establishment in which employed or (employer) the per on abuthusury which employed or (employer) the per on abuthusury of BIRTHPLACE (State or country) Crain History 10 NAME OF Jody Trasues delaydrated 11 BIRTHPLACE of the state of Country of Father (State or country) 5 calp had a line of Country of Maide or Country of Carly had a line of Country of Maide or Country of Carly had a line of Country of Maide or Country of Carly had a line of Country of Maide or Country of Carly had a line of Country of Maide or Country of Carly had a line of Country of Carly had a line of Carly	(Signed) (Address) (Address) (Address) (Address) (Address) (Signed) (
WRITE FLAINLY WRITE FLAINLY WRITE FLAINLY Statement of informat CIANS should state Of Statement of OCCUPA	of Mother from middle of of of Mother field to bose of Mother field to bose of Mother (State or country) in cusion from neck (State or country) in cusion from neck (Informant) the Cax - gut butters (Address) [Address]	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) At place of death yrs. mos. da. State, yrs. mos. da. Where was disease contracted, if not at place of death? Former or usual residence
× × ×	Registrar ** more blanks are needed. address State Registrar.	16 W. Saratoga St., Balto., Requesting V. S No. 1.

(Approved by U. S. Census and American Public Health Association.)

gaged in domestic service for wages, as Scruunt, Cook, ployed, as At *chool or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) a lditional line is provided for the latter statement; it business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing prate, to report specifically the oce pations of persons enwork. or At Home, and children, not gainfully emlaborer, Farm laborer, Laborer-Coal mine, etc. Womworked on may form part of the second statement nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The ques-Housemuid, etc. If the occupation has been changed (a) Foreman, (b) Automobile factory. The material Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthnatever, write None. red 6 yrs.). For persons who have no occupation Statement of Occupation Precise statement of oc-For many occupations a single word or term on

EAST CALSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

30 ment of cause of death approved by Committee on head of "contributory." Nomenclature of the American Medical Association.) can be ascertained as the cause. Always qualify all rhage," "Inanition," "Marasmus," "Old Age," "Shoek," "Dropsy," "Exhaustion." "Heart failure." "Haemorvulsious." "Debility" ("Congenital," "Senile," etc.), conditions. such as "Asthenia," causing death), 29 ds.; Bronehogneumonia stated unless important. Example: Mcustes inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of quences (e.g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid—probably suicide. train-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF taken. For VIOLENT DEATHS STATE MEANS OF INJURY State cause "Puerperal septicaemia," "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness." etc., when a definite disease symptomatie), "Atrophy," "Collapse," "Coma," "Conary), 10 ds. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Meastes; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; for which surgical operation was under-Never report mere symptoms or terminal Chronic valvular heart disease; (Recommendations on state-"Anaemia" (second-(disease (merely

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

FOR

MARGIN RESERVED

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as scrvant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street cor	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
FURRAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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1. PLACE OF DEATH	940
County Clima amudal	Registration Dist. No.
Village or City Part Leavent	NoSt.,Ward
(If Length of residence in city or town where death occurredyrsmos.	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
D, P	Wall
2. FULL NAME / agr	201
(a) Residence: No. Perst (Usual place of abode)	St, Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH 22 usd 198 2 (Year)
5a. If married, widowad, or divorced HUSBAND of Walker	
(or) WIFE of Tray a. Walker	22. I HEREBY CERTIFY, That t attended daceased from
Mars 105-9	
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last saw h alive on; death is sald to have occurred on the date stated above, at 2 m_
79 7hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trada, profession, or particular	were as follows:
kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and specific property).	799
9. Industry or business in which	
work was done, as SILK MILL, (2e/c-ud)	
- 14 S time occupation (month and	
year) occupation	Other Contributory Causes of importanca:
12. BIRTHPLACE (city or town) Seltimore Co.	
(State or country)	
13. NAME 14. BIRTHPLACE (city or town) (State or country)	
14. BIRTHPLACE (city or town)	Name of operation
(State of Country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME UNICOLON	23. If death was due to external causes (VIOL ENCE) fill In also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) (State or country)	Accident, suicide, or homicide? Data of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT William M. Walter (Addrass) Part Pleasant Rd.	Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Date , 19 02	Nature of injury
19. UNDERTAKER THE BLOOM FROM THE STATE OF T	24. Was disease or injury in any way related to occupation of deceased? If so, specify
20. FILED 7-22 1932 d.a. Qileron	(Signed) M. D.
Registrar.	(Address) Pasadaca mel-

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

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STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Anna Arundel Registration Dist. No. County Md. House of Correction Jessup Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) mos. 8 ds. How long in U.S. if of foreign birth? yrs. mos. ds Length of residence In city or town where deeth occurred. Robert Walker 2. FULL NAME (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) Unknown Male Colored (Day) 5a. if married, widowed, or divorced HUSBAND of CERTIFY. That I attended deceesed from (or) WIFE of Unknown 1932, 30 Unknown death is said 6. DATE OF BIRTH (month, dev. and year) 7. AGE Yeers Days If LESS than Months to heve occurred on the date steted above 1 day, hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importence 50 or____min. Date of onset 8. Trade, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.... NO Laborer 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc...... Dete deceesed last worked et 11. Total time (yeers) this occupation (month end occupation Unkno wn 12. BIRTHPLACE (city or town) ... (State er country) FATHER 13. NAME Unknown 14. BIRTHPLACE (city or town). Whet test confirmed diagnosis? (Stete or country) -- Was there an autopsy? 1047 MOTHER

Unknown 15. MAIDEN NAME

16. BIRTHPLACE (city or town) (Stete or country)

17. INFORMANT _ (Address)

18. BURIAL, CREMATION, OR REMOVAL

19 UNDERTAKER (Address)

23, If death wes due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?______ Dete of injury______ 19_____ Where did Injury occur?____ (Specify city or town, county and State)
Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.

Menner of Injury

Nature of injury 24. Was disease or injury in any wey releted to occupation of deceased?

If so, specify (Signed)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

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10.—The month and year the deceased last worked at the occupation.

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Example I	9.1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy .	1 wcek ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state

stated EXACTLY. properly classified.

AGE should be

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

N. B.-WRITE

certificate.

See instructions on back of

TION is very important.

of OCCUPA.

Exact statement

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	(15% m)
County Q. Q	Registration Dist. No. 21
Village or City annapolis mo	No. Energence Hopkilel St Ward
Length of rasis ince In city or fown where deeth occurredyrs	(If death occurred in Sorpital or institution, given a NAME instead of street and number) mos
	end ward
(a) Residence: No. Lewell and	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	
3. SER 4. COLOR OR RACE OR DIVORCED (wrigh the v	
5a. If married, widowed, or divorced HUSBAND of	(Table)
(ox) little of Josephine Wasy	22. HEREBY CERTIFY, That I attended deceased from 20, 1932 to July 23, 1932
6. DATE OF BIRTH (month, day, and year)	95 I last saw ham alive on July 23 , 1932; deeth is said
7. AGE Yaars Months Deys If LESS	than to have occurred on the date stated abova, at 9.45 m.
0 orn	I THE EXINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profassion, or perticular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	Jaceralian spanial card
S Industry or business in which	Distacation General 1/20/32
work was dona, as SILK MILL, SAW MILL, BANK, etc.	- valuture
10. Date decassed last worked at this occupation (month and years) spent in this year) year)	
12. BIRTHPLACE (city or town) balesset co. on	Other Centributary Causes of Importance:
(State or country)	- (Fell from roof of barn)
13. NAME Pichard - 4. ward	- A A mortalia
14. BIRTHPLACE (city or town) (State or country) (State or country)	Name of operation Reduction distocated Dete of 7/22/32
	What test confirmed diagnosis? Aray Was there an autopsy Ma
15. MAIDEN NAME Ella & Wilferson 16. BIRTHPLACE (city or town)	23. If death was due to external causas (VIOL ENCE) fill in also the following: Accident, suicida, or homicida? Accident, Dete of injury 7/20, 19 3 2
State or country) Oscarpland	Where did injury occur? Lewell M. d.
17. INFORMANT John Se ward	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Perez Calcuit & July 18. BURIAL, CREMATION, OR REMOVAL	On Farmy
Place Treestate Date July 25, I	9 Nature of injury Dislocated restellable - Lacenated Coad.
19. UNDERTAKER A L. H	24. Was disease or injury in any way related to occupation of dacaased? 21.0
(Address) Come of all - m	If so, spacify 9 willia Mart
20. FILED TO THE TOTAL PROBLEM	ce De (Signad) 4 Willia Marline M. D. trar. (Addrass) Assis of Signa M. D.
	egistrar, 2411 N. Charles Street, Baltimore, Requesting D. S. No. 1.

	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(183)
County (Registration Dist. No.
	NoSt., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long In U.S. If of foreign birth?mosds.
2. FULL NAME ONENISE JIMO	shinglor,
(a) Residence; No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Loronna Washinston	22. 1 HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH (mostly day and day)	19
DATE OF BIRTH (month, day, and Year) AGE Years Months Days If LESS than	to have occurred on the date stated above, atm,
32 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular	Date of onset
kind of work done, as SPINNER, Tanks	Hendenly Ironned
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
SAW MILL, BANK, etc	
this occupation (month and year) spant in this occupation	7
AND AND AND AND CO.	Other Contributory Causes of Importance:
2. BIRTHPLACE (city or town) (State or country)	
13. NAME WM Washington	
14. BIRTHPLACE (city or town) / Elocal	Namo of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME CONCERNIA	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) / Eus on	Accident, sulcide, or homicIde? Date of injury, 19,
(State or country)	Where did injury occur? Back lack A Ale M-
7. INFORMANT Pace & Musting (Address) 18 18 8	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Vas hugatet m/2/190	Nature of Injury
9. UNDERTAKER & HBTakRS (Addiess) V V V Q D Marie Comments	24. Wes disease or injury in any wey related to occupation of deceased?
0. FILED Tel 1932 - Joy C C & Registrar.	(Signed Xour M Sof bin Acting M. D. (Address) Amandin M. a. Corner
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage RUPPAU S	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

V. S. No. 1

Z

	STATE OF MARYLAND—	CERTIFICATE OF DEATH	11/452
1	. PLACE OF DEATH	62	0.10-
	County	Registration Dist. No.	21
	Village or City Annafaction (If	No. One general transfer of the death occurred in a hospital ordination, give its NAME instead of street of	Ward
	Length of residence in city or town where deeth occurredyrsmos	ds. How long in U.S. if of foreven birth? yrs.	mos ds.
:	2. FULL NAME Total Wal	kins	
Reside	(a) Residence: No. 7 6 Calvest (Usual place of abode)	St., Ward. If nonresident give city or town	and State
	RERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATI	Н
r	4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	, 193 (Year)
5a.	tf married, widowed or divorced HUSBAND of (or) WIFE of times - Halfens	22. I HEREBY CERTIFY. That I atten	dad daceased from
6.	DATE OF BIRTH (month, dey, and year)	I last saw h. Q elive on 1924 / 19 193	deeth is seid
- Constable	AGE Years Montal Deys If LESS than	to have occurred on the date steped above, at 1. 754.m.	
	3/ 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and refreed causes of importance were as follows:	1
z	8. Trede, profession, or particular kind of work done, es SPINNER,	Ellaga	Date of onset
TIO	SAWYER, BOOKKEEPER, etc.	/	1 1432
OCCUPATION	9. Industry or Dusiness in which work was done, as SILK MILL, SAW MILL, BANK, etc		#
၁၁၀	10. Data decaesed last worked at this occupation (month and spant in this year)	, 1 ₂	V
12.	BIRTHPLACE (city or town) A C C (State or country)	Other Contributory Causes of Sportance: Plance Pullumies -	July 9
ER	13. NAME David Digos	0	
FATHER	14. BIRTHPLACE (city or town)	Neme of operation	of
_	(Stete or country)	What tast confirmed diagnosis? Was there	an autopsy? Zev
MOTHER	15. MAIDEN NAME maggily Hall -	23. If death was dua to externel ceuses (VIOL ENCE) fill in also the follo	wing:
MOT	16. BIRTHPLACE (city or town) (State or country)	Accident, sulctde, or homicide? Date of injury	, 19
17.	INFORMANT Maggil Hall-	Where did thjury occur? (Specify city or town, county and Specify whether Injury occurred in tNOUSTRY, In HOME, or in PUBLIC	State) PLACE.
_	(Address) / y Offinisk Courts		
18.	Place Bruse Trick Date July 13, 1932	Manner of Injury	
19.	UNDERTAKER 18 6 Clase Annaholis	24. Was disease or injury in any way related to occupetion of deceased if so, specify	n
20.	FILE July 12, 19 by fray Le fragistras.	(Signad) Closest Gundleson (Address) Cumples, less	M. D.
- COLOR			

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Example I		Example II	
The principal cause of death and religion of importance were as follows:	ated causes Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RUREI	U V B		
Other contributory causes of imports	ince:	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH	463
1. PLACE OF DEATH	920	100
County Come arundel	Registration Dist. No.	
Village or City Solley Ind	No. happs Creek St.,	Ward
//	death occurred in shorbital or institution, give its NAME instead of street and num ds. How long in U.S. if of foreign birth?yrsmos	
2. FULL NAME august Weaver		
(a) Residence: No. 22 ohho Creek	St., Ward.	
(Usual place of abode)	If nonresident give eity or town and Sta	ate
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVERCED (write this word)	21. DATE OF BEATH (Month) (Day)	93 2 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Caroline Weaver	22. HEREBY CERTIFY, That I attended dec	ceasad from
6. DATE OF BIRTH (month, day, and year) Care 9 17 - 1857	I last saw h alive on Def 19 3 2,0	feath is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated abova, atm.	
74 // 2 1 day, hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:	Date of coset
8. Trade, profession, or particuler kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc Setup 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc 9. 10. Date deceased lest worked at 11. Total time (years)	Chronic Endo carde to	1
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	To to Colors	Judge
10. Date deceased lest worked at this occupation (month end years) spant in this occupation.	(old) Cristra Lawring	4.
yaar) oc:upation	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town)		1-1
	CErstral Lewerhage	V day
I de	Name of operation. Dete of	
4 14. BIRTHPLACE (city or fown) (State or country)	What test confirmed diagnosis?	
15. MAIDEN NAME Calleina Thringer	23. If death was due to external causes (VIOLENCE) fill In elso the following:	
16. BIRTHPLACE (city or town) - Followy Council	Accident, suicide, or homicida?	, 19
17. INFORMANTE Sonie Mearer (Address)	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	Ε.
18. BURIAL, CREMATION, OR REMOVAL Place Mag othy County Date July 22, 1932	Manner of Injury	
19. UNDERTAKER John + Benny (Address) 4/5 Lieut 250	24. Was disease or injury in any way related to occupation of deceased?	5
20. FILED 7-19, 132 7. a. Willeib U. Registrar.	(Address) Alapaul	M. D.

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The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis RECENT	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage AIIC 5 1932	July 5, 1927	Peritonitis	3 days ago
BURPATT			
Other contributory causes of importance:	1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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carefully

should be

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DEATH

AUSE mation

STATE OF MARYLAND—CERTIFICATE OF

DEATH	1	166	164
istration Dist. No	2	1	
its NAME instead of	_St.,	nd nur	Ward
birth?yrs			
conresident give city or	town	and St	ate
FICATE OF DE	EATH	1	

1. PLACE OF DEATH Anne Arundel County Crownsville State HospitalNo. (If death occurred in a hospital or institution, give ds. How long in U.S. if of foreign Length of residence In city or town where death occurred Annie Wells 2. FULL NAME Anne Arundel County (a) Residence: No. (Usual place of abode) MEDICAL CERTI PERSONAL AND STATISTICAL PARTICULARS 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH 3. SEX OR DIVORCED (write the word) female black married 5a. If married, widowed, or divorced George Wells (or) WIFE of 1881 6. DATE OF BIRTH (month, day, end year) If LESS than 7. AGE Devs Months 1 day-hrs. 51 known or____min. 8. Trede, profession, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.... OCCUPATION Housewife Industry or business in which work wes done, es SILK MILL SAW MILL, BANK, etc ... 11. Total time (years)
spent in this 10. Date deceesed last worked at this occupation (month and occupation ... 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) (State or country) MOTHER 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stete or country) Where did Injury occur?__ Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Menner of injury 24. Wes disease or injury in any wey releted to occupation of deceased? 19. UNDERTAKE (Address) If so, specify Registrar.

(Day) (Yeer) CERTIFY. That I attended deceesed from to heve occurred on the date steted above, et. The PRINCIPAL CAUSE OF DEATH end related causes of importance Date of onset Pulmonary tuberculosis Whet test confirmed diegnosis?_____ Was there en autopsy?____ 23. If deeth was due to externel causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? __.

(Specify city or town, county and State)

16

MARGIN

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		1 gent & DUA	
Other contributory causes of importance:		Other contributory causes of importance:	21
Gallstones	May 1,1923	Gastrocnteritis	1 year

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	N		

See instructions on back of certificate.

TION is very important.

STATE OF MARYLAND	CERTIFICATE OF DEATH 07465
1. PLACE OF DEATH	<u> </u>
County a a - 1	Registration Dist. No.
Village or City Annaholis Md	NoSt.,Ward
(1f	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city, or town where death occurredyrsmos.	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Still Infant WEst	•
(a) Residence: No. / Ridout	St., Ward.
(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS 3. SEX. 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Mala Col- e OR DIVORCED (write the word)	(Month) (Qay) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I although deceased from
6. DATE OF BIRTH (month, day, and year)	I lest saw h less in 19 ; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
- 1932 July 17 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8 Trada profession or particular	Oate of onest
Kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. 11. Total time (years) this occupation (month and spent in this	you four
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc	
11. Total time (years)	(Unimature Laure)
O this occupation (month and spant in this occupation	
12. BIRTHPLACE (city or town) and apolis (Stata or country)	Other Contributory Causes of Importanca:
13. NAME VM VESS	
0. 1011	Name of operation
4 14. BIRTHPLACE (city or town) WIN WAR (State or country) Q-Q-Col, MQ	What test confirmed diagnosis?
15. MAIDEN NAME LEbanne Shies	23. If death was due to external causes (VIOLENCE) fill in also the following:
E Portugue This 10	Accident, suicide, or homicide? Date of injury, 19
O 16. BIRTHPLACE (city or town)	Where did Injury occur?
17. INFORMANT MY & Sf. 180 (Address) R. Addut	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
Place Brewerter (1 Data 8 20 , 1932	Nature of injury
19. UNDERTAKER & H B Parker (Address) 47 Washington 59	24. Was diseasa or injury in any way related to occupation of deceased?
20. FILEBOL 18 , 1932 - 5 4 (C.) Ca Mrs. Registrar.	(Signed) (Address) 55 Color Hydrogen M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. DF Richardson

See instructions on back of certificate.

TION is very important.

STATE OF MARYLAND-CERTIFICATE OF DEATH

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10	1	4	61	
10	6	T	13	9

				C T VI
1. PLACE OF DEATH	PLACE OF DEATH			
County Anne Arunde.	L		Registration Dist. No.	7
Village or City Crowns	rille Sta	ate Hospi	ta No	Ward
Length of residence in city or town when	death occurred		death occurred in a hospital or institution, give its NAME instead of street and n	
	enry T.			
			ac Oi 7 a Ward	
(a) Residence: No.	Usual place	of abode)	Mastyland Ward. If nonresident give city or town and	State
PERSONAL AND STATIS	TICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE black	OR DIVORCE	RRIED, WIDOWED, D (write tha word) OWE d	21. DATE OF DEATH July 7th (Month) (Day)	, 193 2 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown			22. I HEREBY CERTIFY, That I attended June 20th 19 32, to July 7th	
6. DATE OF BIRTH (month, day, and year)	1867		last saw h im alive on Juhy 7th 19.32	; death is said
7. AGE Years Months	Days	If LESS than 1 day,hrs,	to have occurred on the date stated above, at 7: 10Pm.	
6 5 Unl	cno wn	ormin.	were as follows:	Date of onset
8. Trada, profession, or particular kind of work done, as SPINNER,	T - 3		Toxemia due to gangrene of	
o. Hads, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Labor	cer	lower extremities	2 mos
Date deceased last worked at this occupation (month and year)	11. Total t	tima (years) ent in this upation		
12. BIRTHPLACE (city or town) Mai	yland		Other Coutributory Causes of importance: Diabetes Mellitus	?
13. NAME Washing	ton Whea	tley		
13. NAME Washing 14. BIRTHPLACE (city or town) Mai	yland		Name of operation	
15. MAIOEN NAME Julia	Unknown)	23. If death was due to external causes (VIOLENCE) fill in also the following	
15. MAIOEN NAME Julia (Unknown) 16. BIRTHPLACE (city or town) Maryland (State or country)		Accident, suicide, or homicide? Date of injury Where did injury occur?		
IT. INFORMANT Hospital Records (Address). Grownsville, Maryland		(Specify city or town, county and State Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLA	e) ACE.	
18. BURIAL, CREMATION, OR REMOVAL Place 1 2 2 0 0 0 0 1 1 1 2 2		Manner of injury		
19. UNDERTAKER Ambo Suwart-		Nature of injury 24. Was disease or injury in any way related to occupation of deceased.		
(Address Salaky	sy m	7:	If so, specify the the same of	196
20. FILED 193 2 7	sty & C	Registrar.	(Mened) Crownsville, Marylar	nd M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	ii ii	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related caus of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy 2004 6 DAV	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		The state of the s	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMAN BINDIN A FOR IS ITH UNFADING INK--THIS MARGIN RESERVED PLAINLY WRITE

S. No. 1

N. B.--

PLACE OF DEATH	STATE OF MARYLAND
County C C.	CERTIFICATE OF DEATH
O.	Registration Dist. No.
Village or Cit Magally Cur (No.	St.: Ward) (If death occurred in a hospital or institution, give its NAME is
2FULL NAME Welle am P Wils	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male while (Write the word)	16 DATE OF DEATH 1932
6 DATE OF BIRTH Detaber 10 1861	17 1 HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw halive on, 192,
7 AGE If LESS than	and that death occurred on the date stated above, at
71 yrs. 9 mos. 7 ds. or min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or Jarmen	Occidental Occurring
(b) General nature of industry	***************************************
business, or establishment in which employed or (employer)	
9 BIRTHPLACE (State or country) Q. Q. C. Mid	Contributory Secondary
FATHER Edward & Frilson	(Signed) Frank Hallan M. D.
OF FATHER C. C. C. S. J.	192. (Address) Jeona Pork
OF FATHER Z (State or country) A. A. Co. M.	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Elizabeth aringer	16 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) A. A., Co. Su.s.	At place of death yrs nos de. State yrs nos ds.
14 THE AGOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Darrel Thilton	Former or usual residence.
(Address) and, mi	ledge Hell Cent July 19-19-32
15 Filed 18 19232 June C. Jones Truck	John Ly Vaylor amapolis
if more branks are needed, address State Registrar	16 W. Saratoga St., Baito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specification as Duy laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Screant, Cook, to report specifically the occupations of persons enneork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, worked on may form part of the second statement For many occupations a single word or term on especially in industrial employments, it is neces-For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, approved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) stated unless important. Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) affection need not be ass important. Example: Measles (disease

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

AGE should be stated EXACTLY. PHYSICIANS of that it may be properly classified. Exact statement properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every them of infor-

should state of OCCUPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH

OTTILE OF MINITERINE	DERTIFICAÇÃO
1. PLACE OF DEATH	This is
County CC - CC - ' GINT	Registration Dist, No.
Village or City Questifiction Ind	NO MENGENCY Hosfutal St, Ward death occurred in a horpital or institution, give in NAME instead of street and number)
	ds. How long In U.S. If of foreign birth?yrsmosds.
2. FULL NAME Stor ENCEN o dard.	
(a) Residence: No. Annolds 7110	St., Ward,
(Usual place of abode)	If nonresident give city or town and State
ERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the wyrd)	21. DATE OF DEATH July 17, 1937 (Year)
ia. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I ettended deceased from
DATE OF CIPTURE	last say h. A. alive on Alle 1937 death is said
5. DATE OF BIRTH (month, day, and yeer) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1/1/ m.
15/886 wiknown unknow 1 day,	The RINCIPAL CAUSE OF DEATH and related causes of Importance
8. kade, profession, or particular	were es follows: Date of onset Date of onset
8. Made, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, elc.	2) Pentoules Hora1432
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc	Jel 14,1452
10. Date deceased last worked et July 1 11. Total time (years) spent in this occupation (month and 1932 occupation occupation	/ /
12. BIRTHPLACE (city or town) Ballineore	Other Contributory Causes of Importance:
(Stete or country) & M.A.	//)
13. NAME JOHN MARKET	to a to to
(State or country)	Name of operation Deveries Date of 16932
15. MAIDEN NAME LANGUE PEloziblia	What test confirmed diagnosis?
16. BIRTHPLACE (city or town) 12 Balling of	Accident, suicide, or homicide?
(Stete or country)	Where did Injury occur? (Specify city or town, county and State)
(Address) aviola 111	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place MI - Calvery Came Date 8: 20 ,1932.	Nature of injury
19. UNDERTAKER EAST BParken-1 (Addiess) 47 Wastington Street	24. Was disease or Injury In any way releted to occupation of deceased? Use
20. FILED US 18, 1032 - aprice. In a This	1 (Signed) Abath lydles M. D.
Registrar.	(Address)
1) more viants are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. Hospital Ricord

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage NUREAU V. S.	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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STATE OF MARYLAND—CERTIFICATE OF DEATH

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1.		E OF DE				
	Count		ie Arunde		- A TT-	Registration Dist. No.
		e or City	Crowns		ate Hosp	The state of the s
	Length	of residence In	city or town where o	leath occurred 20	yrs. 2 mos	death occurred in a Roepital of Institution, give its INAMIL Instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2.	FULL	NAME	Geol	rge W. V	loods	
	(a) R	esidence: No.	Bali	timore (ity, Mar	JI Stnd Ward. If nonresident give city or town and State
-	PER	SONAL A	ND STATIST			MEDICAL CERTIFICATE OF DEATH
3. SE	ex ale		OR OR RACE	5. SINGLE, MAR OR DIVORCE Marri	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH July 22nd (Month) (Day) (Year)
5a. I	f married HUSBAN (or) WIF	, widowed, or di ID of E of U1	vorced nknown			22. I HEREBY CERTIFY. That I attended deceased from May 22nd 19 12 to July 22nd 19 32
e D	ATE OF	BIRTH (month,	law and weer)	1860		last saw h.im. ative on July 22nd 19.32; death is said
7. A		Years 72	Months	Deys	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 12:30P • M • The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.					Hypostatic pneumonia: fluid in 24 hrs the lungs, sue to low blood pressure and general debility. not a fronk poeu moniae Car St.
12. 1		ACE (city or tow	Mary!	Land		Other Centributory Causes of Importance: General debility due to old age
EB	13. NAME Unknown					- 55
프		HPLACE (city or State or country	,	nknown	~~~~~~~~ ~~~~~~~	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
HER	15. MAID	EN NAME	Unknow	ın		23. If death was due to external causes (VIOLENCE) fill in also the following:
	16. BIRTI	HPLACE (city or	town)Unkn	nown	* * * * * * * * * * * * * * * * * * *	Accident, suicide, or homicide?Date of injury, 19
(State or country) 17. INFORMANT HOSDITAL Records (Address) Grownsville, Maryland 18. BURIAL, CREMATION, OR REMOVAL Metablicate State of Country Date 7/26/32, 19				-	/Is nd	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
					1/35	Manner of injury
19. (George X		und	24. Was disease or injury in the way related to occupation of deceased? If so, specify
20. 1	FILED.	My 24.		SOM	Registrar.	(Sgned)

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Example I	5	Example II	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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507	N. T.	be sta be pro ck of c
MARGIN RESERVED FOR BINDING	LAINLY TITH UNFADING INKTHIS IS A PERMA. NT RECO	Information should be carefully supplied. ACE should be stated EX a state CAUSE CF DEATH in plain terms so that it may be properly coccuPATION is very important. See instructions on back of certifical
Y C	IS A I	ACE so that
VED	-THIS	erms se instri
T S E K	INK-	ully su plain t nt. Se
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	EAI	Inf

WRITE

V. S. No. 1

SI-	PLACE OF DEATH	STATE OF MARYLAND
ΞĞ	County d. a.	CERTIFICATE OF DEATH
99		92-a Registration Dist. No. 2/
KACTLY, classified ate.	Village or City Lake Shot (No	St.: Ward) (If death occurred in
E P	2FULL NAME Justina Yank	tion, give its NAME in stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ald be stay be prepared back of	1 Sex 4 COLOR OR RACE 5 SINGLE. MARRIED, WIDOWED. WIDOWED. WIDOWED. OR DIVORGED OR DIVORGED (Write the word)	16 DATE OF DEATH 2 (4, 1932 (Year)
shout It m	6 DATE OF BIRTH Lec 10 , 1855	Jow 7 4 1930 to July 2 1952
ed. ACE	(Month) (Day) (Year) 7 AGE [If LESS than	and that death occurred on the date stated above, at 336 A/m
ms s nstru	76 yrs. 7 mos. 22 ds. or min.?	The CAUSE OF DEATH * was as follows:
suppli n term See in	a occupation (a) Trade, profession or particular kind of work	Cortic regurgitation of reach
fully plan ant.	(b) General nature of industry business, or establishment in	(Duration) 2 yrs. 5 mos 25 ds.
e caref ATH in mporta	9 BIRTHPLACE (State or country)	Contributory Coute dilatation of Lean Secondary
F DEA	10 NAME OF O AND O O O	(Signed), Ory Lebel M. D.
hou CF	FATHER MARILW SWOOLD	5/8 1002 (Address) 1224-26 Hover &
AUSE ION	OF FATHER (State or country) 12 MAIDEN NAME (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
rma re c	of Mother Woul Provi	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
f Inford Stat	13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds. Where was disease contracted,
m on	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
Every Item CIANS sho statement	(Informant) 4 Mil Janka (Address) 58 E. Randall St.	19 PLACE OF BURIAL OF REMOVAL DATE OF BURIAL
CIA Star	15 Filed 7-2 132 2 a. Bleir u	TO UN DERTAKER DEPLAY ADDRESS ADDRESS AND ALLESS
ž C	Registrar If more blanks are needed, address State Registrar	, 16 W. Aratoga St., Balto., Requesting V. S. No. 1.

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REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when necded. As examples: (a) additional line is provided for the latter statement; it worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealstate occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken to report specifically the occupations of persons enwork, or At Home, and children, not gainfully emlaborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housewhatever, write None. business, that fact may be indicated thus; Farmer (reespecially in industrial employments, it is neces-For many occupations a single word or term on yrs). without more precise specification as Day For persons who have no occupation

1932

spinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-EACO CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS-Typhoid fever (never report "Typhoid Pneumonia"); (the only definite synonym is "Epidemic cerebropneumonia, Bronchopneumonia ("Pneumonia,

> State (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthonia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) affection need not be Whooping cough; Chronic Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-"PUERPERAL seplicaemia," "PUERPERAL peritonitis," etc. carbolic acid—probably suicide. The n ture of the injury, as fracture of skull, and consequences (e. g., sepsis, or as probably such, if impossible to determine definitely. taken. For VICLENT DEATHS state MEANS OF INJULY diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all technus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions," cause for which surgical operation was under-Chronic valvular heart disease; etc. The contributory

For authorization to change answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

If this certificate is looked over thoroughly and all qu stions

name see note un

MARGIN RESERVED FOR BINDING

1	STATE OF MARYLAND—	CERTIFICATE OF DEATH
	County anne Orundel	Registration Dist. No. 21
	Village or City Elvator	No. St., Ward
2	Length of residence in city or town where death occurred yrs mos	death occurred in a horpital or institution, give its NAME instead of street and number)ds. How long in U.S. it of foreign birth?yrsmosds.
	(a) Residence: No. Elvator Rd (Usual place of abode)	St., Ward. If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. 5	Emale We OR DIVORCED (writeshe word)	21. DATE OF DEATH (Month) (Day) (Yeer)
5a.	If married, widowed, or divorced HUSBAND of Vergel O Young (or) WIFE of Vergel O Young	22. I HEREBY CERTIFY. Thet I attended deceased from puly 15 ,193 2 , to july 17 ,193 2
	DATE OF BIRTH (month, day, end year) Ofrel 10 1901	Hast saw h elive on farly / le , 19 3 2; death is seid
7. A	AGE Years Months Days It LESS than 1 day,hrs. ormin.	to heve occurred on the date steted ebove, etm. The PRINCIPAL CAUSE OF DEATH and releted causes of Importance were as follows: Date of onset
PALION	8. Trade, profession, or particular kind of work done, es SPINNER, Housework of SAWYER, BOOKKEEPER, etc	acente Depoentary: July 11
CUPA	9. Industry or business in which work wes done, es SILK MILL, have SAW MILL, BANK, etc.	Cotabal in type aus DL.
ŏ	10. Date decessed lest worked et this occupetion (month and year)	
12.	BIRTHPLACE (city or town)	Other Contributory Causes of importance: Chronic Nalpulan Dinear 14-cal
E P	13. NAME Martin L Cox	
FATH	14. BIRTHPLACE (city or town) / (Stete or country)	Name of operation
HEK	15. MAIDEN NAME Celice Je Mays	23. If death wes due to externel causes (VIOLENCE) fill in also the following:
MOT	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
	(State or country) INFORMATE Virgil & Young (Address) Elevator mode	Where did Injury occur? (Specify city or town, county and State) Specily whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18.	BURIAL, CREMATION, OR REMOVAL PIECE Varage Cornetagoete July 19, 1932	Menner ol injury
19.	UNDERTAKER John F Denny (Address) 75 Light St	24. Wes diseese or Injury in any wey related to occupation of deceased?
20.	FILED July 1, 1927 John Cary 414	(Signed) James S. Bellingola M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	P. Carlotte	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitiat nephritis 16 6 183	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. B			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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